BCMEA
British Columbia Maritime Employers Association

500 - 349 Railway Street, Vancouver, BC V6A 1A4
T 604 688 1155 | F 604 684 2397

www.bcmea.com

APPLICATION FOR MEDICAL LEAVE

EMPLOYEE NAME:_____ **Tel:**_____

EMPLOYEE #:_____ **UNION STATUS:** _____

MEDICAL LEAVE
Employees may take up to seventeen (17) weeks of unpaid Medical Leave.

ELIGIBILITY CRITERIA

- No minimum length of service
- Medical certificate issued by a health care practitioner (if leave is 3 days or longer)
- Employee must provide written notice of at least 4 weeks before start of leave and expected duration of leave (if notice cannot be provided 4 weeks before start of leave for valid reason, then notice must be given as soon as possible)
- Notice of any change in the length of leave must be given as soon as possible

SITUATIONS COVERED

- Personal illness or injury (this leave is in addition to Personal Leave)
- Organ or tissue donation
- Medical appointments during working hours

Information Required in Support of Application:

☐ Documentation supporting reason for leave, if applicable (ATTACHED)

Requested Period of Leave:

From:____/____/____ To: ____/____/____
DD/MM/YYYY DD/MM/YYYY

Number of Days: _____

I certify that I have read and understood the terms outlined in this document.

_____
SIGNATURE OF APPLICANT

_____
DATE

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ASSOCIATION DECISION

APPROVED ☐ **REJECTED** ☐

SIGNATURE ON BEHALF OF ASSOCIATION

WEBC SIGNATURE

DATE