BCTF | Salary Indemnity Plan—Short-term (TFEU)

0005

100–550 West 6th Avenue, Vancouver, BC V5Z 4P2 • 604-871-1921 • 1-800-663-9163 • Fax 604-871-2287 • email: benefits@bctf.ca

ST—Accommodation employment application—Page 1 of 1

Complete this form if you are working a reduced assignment due to illness/injury, or volunteering, or returning to work on a gradual basis. You must provide the following information and submit it to the BCTF Salary Indemnity Plan Administrator for prior approval. See SIP Regulations 14 and 15.

Please print

Name: _____ **BCTF member ID**: _____

Nature of accommodation or volunteering duties:

☐ **Teaching—paid** ☐ **Non-teaching—paid** ☐ **Volunteering—unpaid** ☐ **Working-hardening**

Date to start: _____ **Date to end:** _____

Time: ☐ Full-time ☐ Part-time Percentage: _____%; or hours/week: _____
(teaching) (non-teaching)

If part-time, which days? ☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Sat/Sun

Are you or will you be paid? ☐ Yes ☐ No

Salary is paid: ☐ Biweekly ☐ Monthly or: _____

Full description of duties and activities. Use reverse side if necessary: _____

_____

_____

Name of employer: _____ Phone: _____

Employer address: _____

Claimant signature: **X**_____ **Date:** _____

Note: Type name if completing online for authorization purposes.

All pay slips must be submitted monthly to report all income.

To be completed by physician

I support the: ☐ accommodation employment plan ☐ volunteer plan

commencing _____, as outlined above and certify that _____

is still unable to undertake their normal employment duties.

Name of physician: _____

Signature of physician: **X**_____

Note: Type name if completing online for authorization purposes.

Date: _____
Year Month Day

Date received by BCTF Income Security