



APPLICATION INFORMATION FOR SICK CREDIT POOL ONTARIO LIQUOR BOARD EMPLOYEES DIVISION

A member can apply for the Sick Credit Pool once you have used all other credits and have available sick credits in this Pool.

To apply, you need to complete the attached application and provide supporting documentation.

1. A copy of your Record of Employment (ROE) form stating the first and last date you received payment;
2. A statement from your doctor;
3. An application form;
4. An Information Release Authorization form;
5. A Pay Back form.

Please review the application information and complete in full the attached forms and return to the Sick Credit Pool Coordinator as soon as possible.

Once your application has been processed and approved, OPSEU will notify the LCBO to process a cheque which will be sent to you at your Home Store or Department. Once you have returned to work, you will be required to repay the advanced amount at a specified rate and time.



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1. Must be a full-time employee within the bargaining unit who is participating in the Sick Credit Pool, and who has completed his/her probationary period.
2. All other benefits including attendance credits must first be used. NOTE: For those who are on long-term illness (3 weeks or more), must first use your Employment Insurance (EI).
3. The maximum number of days that anyone may borrow is thirty-five (35) days. In the event that an applicant re-applies, outstanding days shall be deducted from the maximum.
4. Credits borrowed from the pool must be repaid after the borrower returns to work at a rate and time to be determined by the Officer of Staff Personnel.
5. An Officer shall be assigned to provide aid and guidance in the administration.
6. Procedural or other changes shall be determined by the Officer or Staff Personnel so assigned and approved by the Board of Directors.
7. The staff person assigned will meet as required with the LCBO to consider applications.
8. Applications should be submitted prior to the termination of all other credits, and must include the following:
 - a) an application of the nature of the illness in both medical and lay terms;
 - b) consent on the approved form for the release of all pertinent data;
 - c) a statement from the doctor;
 - d) a statement from the applicant;
 - e) applicants will be required to submit medical certificates or any other data or releases required for review purposes.

NOTE: ANY FALSE STATEMENTS AUTOMATICALLY DISQUALIFIES THIS APPLICATION FROM CONSIDERATION.

9. Disqualification can result from a frivolous use of the sick credits.
10. No disciplinary action will be covered by the pool; but this will not be deemed to extend to illness recovery programs.
11. The contribution of the one (1) day by each new employee within the bargaining unit will take place one month after their appointment date.



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LONG TERM:

- Must use all sick days
- Have to be on Employment Insurance (EI) for 15 weeks
- After EI for 15 weeks and if you still require more days before you are eligible for LTIP, then the Sick Credit Pool will grant the number of days needed to a maximum of thirty-five (35) days.

SHORT TERM:

- Must use all sick days
- If more days are needed before returning to work, then the Sick Credit Pool will grant the number of days needed to a maximum of ten (10) days.

PLEASE NOTE THAT TO BE ELIGIBLE FOR THE SICK CREDIT POOL, YOU MUST BE A PERMANENT FULL-TIME EMPLOYEE.



**APPLICATION FORM FOR SICK CREDIT POOL
ONTARIO LIQUOR BOARD EMPLOYEES DIVISION**

Name: _____ Store: _____

Address: _____

Store Address: _____

Home Telephone: _____

Nature of Illness: _____

Date Started Full-Time with LCBO: _____

First Day off from Work Due to Illness: _____

Anticipated Return to Work Date: _____

Credits Used from First Day of Illness: _____

Attendance: _____

Vacation: _____

WSIB Benefits: _____

Record of Employment (ROC) Received: _____

E. I. Sickness Benefits Approved up to: _____

C.P.P Disability Benefits Application Date: _____

LTIP Application Date: _____

Any Other Benefits being received: _____

**DISQUALIFICATION CAN RESULT FROM A FRIVOLOUS USE OF SICK CREDITS.
ANY FALSE STATEMENTS AUTOMATICALLY DISQUALIFIES THIS APPLICATION.**

Date of Application: _____

Signature: _____

**PLEASE RETURN APPLICATION TO: Jean Chaykowsky, Grievance Department
Sick Credit Pool Coordinator
Membership Benefits Department
OPSEU
100 Lesmill Road
Toronto, Ontario M3B 3P8**



**SICK CREDIT POOL PAY BACK FORM
ONTARIO LIQUOR BOARD EMPLOYEES DIVISION**

**I HEREBY PROMISE TO PAY BACK ANY DAYS RECEIVED BY THE OPSEU,
LIQUOR BOARD EMPLOYEES' DIVISION, SICK CREDIT POOL.**

DATE: _____

SIGNATURE: _____

DATE: _____

WITNESS: _____



**SICK CREDIT POOL AUTHORIZATION FOR INFORMATION RELEASE
ONTARIO LIQUOR BOARD EMPLOYEES DIVISION**

Name: _____

Home Address: _____

LCBO Dept: _____

Signature: _____

Witness: _____

Date: _____

I authorize the Personnel Department to release information that relates to the Liquor Board Employees Division (OPSEU) Sick Credit Pool, such as:

- 1) Attendance Credits.
- 2) Vacation Credits.
- 3) LTIP – Approximate Date of Approval.
- 4) Workplace Safety & Insurance Board.
- 5) Any other benefits being received.
- 6) C.P.P. Re: Disability payments; and
- 7) Record of Employment (ROE).