



Port of Saint John Employers Association

MEDICAL LEAVE WITH PAY REQUEST FORM

In order to be eligible for Paid Medical Leave pursuant to Section 239 of Division XIII of *Part III of the Canada Labour Code* an employee must:

- be an active Union member OR White Card employee of I.L.A. Local 273
- be available for work
- be required to work on the day (s) for which medical leave is requested.

I am requesting Paid Medical Leave Pursuant to Section 239 of the Canada Labour Code for the following reason (please check):

- 1. Personal illness or injury
- 2. Medical appointment for myself during working hours
- 3. My organ or tissue donation
- 4. My Quarantine

NOTE: Any employee claiming medical leave for 5 consecutive days or more must provide A medical certificate from a qualified health care practitioner certifying that the employee was **incapable of working for the period of their medical leave**. This certificate should be provided no later than 15 calendar days from the date of the request for Medical Leave unless it is unreasonable to do so for reasons beyond the control of the employee. Medical leave will not be approved retroactively.

I confirm that the information in this form is correct and that I meet the necessary requirements to be eligible for medical leave. I understand that misrepresenting any information in this form is an act of dishonesty and fraud that may lead to serious discipline.

Employee Name _____ Work Number: _____

Date(s) Requested _____ Date Submitted _____

Signature _____