



Community Living Society

# Application for Release of Sick Bank

## Pursuant to a Motor Vehicle Accident Injury

I, \_\_\_\_\_, hereby apply for sick pay to up to 100% of my scheduled hours of work lost due to my Motor Vehicle Accident injury sustained on \_\_\_\_\_ up to the sick leave credits I have accumulated to date.

I understand and agree that this sick pay is to be reimbursed in full to the Community Living Society upon ICBC settlement or payment for lost wages from any other source. If I receive the monies directly from ICBC or any other source, I agree to provide CLS with the monies required to refund in full my sick bank paid out. I understand that CLS will then credit my sick bank by the equivalent number of hours represented by this payment from a third party. Lawyers fees and other expenses are my responsibility.

**Employee Signature** \_\_\_\_\_

**Employee Name** \_\_\_\_\_  
(please print)

**Employee #** \_\_\_\_\_

**Date** \_\_\_\_\_