



Canadian Union of Public Employees
Local 402

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(604) 543-3822 FAX (604) 543-3842

President - Laurie Larsen

Secretary - Mike DiMassimo

DOCTOR'S FORM (SB-2)

The following employee has applied for compensation benefits under the terms of our Union Sick Bank. In order for the Sick Bank Committee to determine the merit of this claim, would you please answer the following questions (PLEASE PRINT):

Name of Employee: _____

1. Nature of Illness: _____

2. Expected date of return to work: _____

3. Is illness likely to last longer than thirty (30) days? [] Yes [] No

4. Is this a third party claim(ICBC, WBC, LTD EI)? [] Yes [] No

If Yes, specify: _____

Doctor's Signature

Date

Doctor's Name(Please PRINT), Address, phone#: _____

I authorize Doctor _____ to complete this form.

Employee's Signature

Date

PLEASE RETURN THIS FORM TO SICK BANK COMMITTEE
OR CUPE OFFICE IN A SEALED ENVELOPE