



ST—Accommodation employment application—Page 1 of 1

Complete this form if you are working a reduced assignment due to illness, 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, 15, and 23.

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, if paid: \$ _____ per hour per month per annum

Salary is paid: Biweekly Monthly or _____

Are you currently engaged in training out of the profession or, coursework or considering retraining or coursework? Yes No

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

Name of employer: _____ Phone: _____

Employer address: _____

Claimant signature: X

Date:

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 her/his normal employment duties.

Name of physician: _____

Signature of physician **X** _____

Date: _____
Year Month Day

Date received by BCTF Income Security