



## LBED Sick Credit Pool General Information & Guidelines

### Sick Credit Pool Guidelines:

As a Permanent Full Time (PFT) or Seasonal (Logistics) member of OPSEU/SEFPO's Liquor Board Employees Division, you can apply for the Sick Credit Pool if:

- You have used all other credits, both attendance/sick and vacation; AND
- If you have previously borrowed days from the Sick Credit Pool, have repaid some or all days owed and/or did not borrow the maximum.

**Note:** If you are on a leave longer than three (3) weeks, you must have exhausted your Employment Insurance (EI) entitlement.

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

The following must be submitted:

1. The application form
2. Authorization form allowing LCBO to disclose personal attendance information to OPSEU/SEFPO.
3. A statement from your doctor including the date they anticipate your return to work (if known). This statement does not require your diagnosis; rather it is a statement that you are under the care of a doctor for a medical condition.
4. A completed statement promising to pay back the sick credit pool when you return to work.
5. For review purposes, applicants may be required to submit further medical certificates, and/or other data, or releases required.

Please review the application information and complete, in full, the attached forms and return to the Sick Credit Pool Coordinator at [sickcreditpool@opseu.org](mailto:sickcreditpool@opseu.org).

Attach:

- **Application Form**
- **Pay Back Form**
- **Authorization/Release Form**
- **Doctor's Statement**

Once your application has been processed and if approved, the Sick Credit Pool Coordinator will notify the LCBO to make payment. LCBO will make payment via direct deposit and will be made on the next pay date that is open for processing. In addition, the Sick Credit Pool Coordinator at OPSEU/SEFPO will send you an email (where available) advising of the approval. If email is not available, a letter will be sent to your home.

**Note: Please note that due to LCBO processing timelines, you will receive the advance usually 2-4 weeks after the approval is submitted to LCBO for payment.**

If your application is not approved or if more information is required you will be contacted.

Once you have returned to work, you will be required to **repay the advance number of borrowed days**. Repayment is made by deducting 5 days of your attendance credits per year until the full amount is repaid.

For example, if you are normally awarded 15 attendance credits per year, while repaying the sick credit pool, 5 will be paid back to the pool and the 10 remaining days will be available to you for use.

## Summary of Rules

### Leave less than 3 weeks:

- Must use all attendance and vacation credits.
- If more days are needed before returning to work, the Sick Credit Pool can grant the number of days needed to a maximum of ten (10) days.

### Leave greater than 3 weeks:

- Must use all attendance and vacation credits first.
- Must have exhausted Employment Insurance (EI) benefits.
- Once EI is exhausted (i.e., up to 6 months) and if you still require more days before you are eligible for Long Term disability (LTIP), then the Sick Credit Pool can grant the number of days needed to a maximum of thirty-five (35) days total.

A member cannot borrow any more than 35 days total. For example, if you previously had been granted 35 days and had paid back 10 days to the pool, only 10 days will be available to be borrowed.

**Disqualification can result from a frivolous use of the sick credits or false statements on the application.**

**Please send your application and all required documentation to:**

Via mail: **OPSEU/SEFPO Pension & Benefits Unit**  
**5757 Coopers Ave**  
**Mississauga ON L4Z 1R9**  
**Attn: Sick Credit Pool**

Via email: **sickcreditpool@opseu.org**

Via fax: **905-712-3009**

For questions regarding the Sick Credit Pool, please email the Sick Credit Pool Coordinator at **sickcreditpool@opseu.org** or by calling OPSEU/SEFPO Pension and Benefits Unit at **416-443-8888** or **1-800-268-7376 ext. 3561**.

## RULES FOR THE SICK CREDIT POOL

### ONTARIO LIQUOR BOARD EMPLOYEES DIVISION

1. Must be a permanent full-time (PFT) employee within the bargaining unit and completed their probationary period. This includes seasonal workers (Logistics) who have attained twelve (12) months of accumulated service.
2. All other benefits including attendance and vacation credits must first be used.  
**NOTE:** For those who are off for three (3) weeks or more you must first apply for and collect Employment Insurance (EI). Normally, there is a one (1) week waiting period for Employment Insurance where you will not be paid, however, this waiting period can be waived if you have received sick leave pay; please inquire with the Employment Insurance office to see if this might be an option for you.
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 when the member returns to work. Days are repaid at the rate of five (5) days per year. These will be deducted from your attendance credits. For example, if you would normally receive fifteen (15) days of attendance credits, each year you are repaying the pool you will only be able to use ten (10) days of attendance credits.
5. Applications can be submitted at any time for processing; though days won't be granted until all credits are exhausted. You can also submit your application up to three (3) months after you return to work, unless exceptional circumstances apply.
6. **Disqualification can result from a frivolous use of the sick credits or false statements on the application.**
7. No disciplinary action will be covered by the pool; but this will not be deemed to extend to illness recovery programs, such as a program agreed to in a "Last Chance Agreement."
8. All disabilities are deemed to be eligible; there is no differentiation between physical and mental health disabilities. To be clear drug/alcohol addictions and mental health treatment are all deemed to be eligible for the Sick Credit Pool.
9. The contribution of one (1) day by each new permanent full time (PFT) or seasonal (logistics) employee within the bargaining unit will take place one month after their appointment date.

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

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Store Number: \_\_\_\_\_ Dept. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Alternate number: \_\_\_\_\_

Email Address (not work email): \_\_\_\_\_

Nature of Illness: \_\_\_\_\_

Date Started Permanent Full-Time/Seasonal (Logistics): \_\_\_\_\_

First Day off from Work Due to Current Illness: \_\_\_\_\_

Anticipated Return to Work Date: \_\_\_\_\_ Unknown \_\_\_\_\_

Number of days you are requesting to be granted: \_\_\_\_\_

Credits Used from First Day of Illness:

Attendance: \_\_\_\_\_ Vacation: \_\_\_\_\_

WSIB Benefits: Have you applied? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Approved \_\_\_\_\_ Denied: \_\_\_\_\_ Approval or Denial not yet Received:

E. I. Sickness Benefits: Have you applied? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, approved up to what date: \_\_\_\_\_

C.P.P Disability Benefits: Have you applied? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Approval or Denial not yet Received \_\_\_\_\_

Long Term Disability (LTIP): Have you applied? Yes \_\_\_\_ No \_\_\_\_

If yes: Application Date: \_\_\_\_\_ Approved \_\_\_\_ Denied \_\_\_\_

Approval or Denial not yet received \_\_\_\_\_

If approved, date your LTIP will start: \_\_\_\_\_

Any Other Benefits being received? \_\_\_\_\_

Please check all boxes to acknowledge the following statements:

- ☐ Disqualification can result from frivolous use of sick credits.
- ☐ Any false statements automatically disqualify this application.
- ☐ Incomplete forms could result in delays for approval for the application.

Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

I hereby agree to pay back any days received by the OPSEU/SEFPO, Liquor Board Employees' Division, Sick Credit Pool.

I understand this will be paid back at the rate of 5 days per year by deducting these days from my yearly attendance credit entitlement.

Print Full Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Employee Number \_\_\_\_\_

Store Number: \_\_\_\_\_ Dept. Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Full Name: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby authorize the LCBO to release information that relates to the OPSEU/SEFPO Liquor Board Employees Division Sick Credit Pool, such as:

1. Attendance Credits
2. Vacation Credits
3. LTIP – Approximate Date of Approval/Eligibility
4. Workplace Safety & Insurance Board