

APPLICATION FOR EARLY INCENTIVE BONUS

Complete all of the relevant parts of this application and submit it with any supporting documentation before April 15, 2008 to your Union at the address on the reverse side of this form. Applications received after this date cannot be considered.

Complete this section. Print clearly.

Name: _____

Address: _____

City: _____ Postal code: _____

Phone number (home): _____ Phone number (mobile): _____

Phone number (work): _____ Email: _____

Your union on March 31, 2006: _____ Your current Union (if different): _____

I am currently employed at: _____

On March 31, 2006, I was employed at: *(this includes if you were on a long-term disability, maternity or parental leave or on recall on this date)*: _____

Complete this section if you were on maternity or parental leave on March 31, 2006, and either: 1) returned to work with fewer hours than when you went on leave or 2) did not receive a bonus.

1. Prior to commencing maternity or parental leave, my position was:
 - full-time with weekly hours of _____ and annual hours of _____
 - part-time with weekly hours of _____ and annual hours of _____
 - casual and I worked _____ hours **between April 1, 2005 and March 31, 2006**

2. I returned to work on (date) _____ to a less than full-time position of _____ weekly hours

3. I received a partial 'early incentive' bonus of \$ _____ or
 I did not receive an 'early incentive' bonus.

*Important! Complete both sides of this form.
See over.*

Complete this section if you were on the "any occupation" period of a long-term disability leave at any time between April 1, 2005 and March 31, 2006.

1. I commenced a long-term disability leave on (date): _____ and on March 31, 2006, I was disabled from "any occupation" and receiving long-term disability benefits.
2. I received a partial 'early incentive' bonus of \$ _____ or
 I did not receive an 'early incentive' bonus

Complete this section if you were a laid-off employee on the recall list on March 31, 2006.
(This means any employee laid off after April 1, 2004 who chose to remain on the recall list.)

1. I was laid off on (date) _____ and remained on the recall list until at least March 31, 2006
2. Prior to being laid off, my position was:
 - full-time with weekly hours of _____ and annual hours of _____
 - part-time with weekly hours of _____ and annual hours of _____
 - casual and I worked _____ hours between April 1, 2005 and my layoff
3. I received a partial 'early incentive' bonus of \$ _____ or
 I did not receive an 'early incentive' bonus

All applicants must complete this section.

- All of the information I have provided is true to the best of my knowledge.
- I agree that my Union may confirm this information with my employer(s).
- I understand that I may not be entitled to the 'early incentive' bonus if I do not meet the criteria established by the CSSBA.

Signature: _____ Date: _____

Complete all of the relevant sections of this application, sign it and return it by **April 15, 2008** to:

Hospital Employees' Union
Attn: Bob Wilson
Vancouver Island Regional Office
201-415 Gorge Rd E
Victoria, B.C. V8T 2W1
Fax: 250-480-0544