

BUILDING INDUSTRY BENEFIT FUND

Registered under the Labour Relations Act 1995

Private Bag 4089
KORSTEN 6014

APPLICATION FOR FAMILY RESPONSIBILITY LEAVE

F.G. Black Building
169 Haupt Street
SIDWELL 6001

Tel. : 041 453 2751
041 405 1900

Fax : 086 540 6611

Email : sickfund@bipcpe.co.za

Claim Nr.

H/Fund Nr.

Full Name:

Address:

Identity Nr:

Date of Birth: (CCYYMMDD)

Employer: Trade:

I, the undersigned, hereby apply for **Family Responsibility Leave**.

Period from: to

[Claims for Family Responsibility Leave are limited to 3 days per annum. A doctor's certificate/certified copy of death certificate or birth certificate must accompany this application form.] {Rule 9.2 (i)&(ii)}

Date:

Signed:

Signed by employee

FOR OFFICE USE ONLY:

Period from: to

No. of days: R_____

Stamp record:

Notes:

IMPORTANT:

1. Person completing it must initial all material alterations to this form;
2. No sick pay will be paid in advance;
3. Overpayments or erroneous payments in respect of this claim are recoverable; {Rule 11}
4. Claims must be submitted within one [1] month of first absence; {Rule 9.2 (iii)}
5. Claims can only be made once you have made contributions to the Fund in respect of a waiting period covering sixteen [16] weeks. {Rule 10.2 (a)(ii)}

TO BE COMPLETED BY THE MEMBER

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CERTIFICATE BY EMPLOYER

Tel : 041 453 2751
041 405 1900

Fax : 086 540 6611

Email : sickfund@bibcpe.co.za

Bldr Code:

Employer:

Telno:

I, hereby, certify that -

Mr/Mrs

identity number

holiday fund registration number applied for family responsibility leave

- (a) due to the death of the member's spouse or life partner; or parent, adoptive parent, grandparent, child, adopted child, grandchild or sibling; or
- (b) due to the birth of the member's child; or
- (c) due to the member's child who is sick.

EMPLOYER – Please indicate A, B or C

for the period starting from (CCYYMMDD)

to (CCYYMMDD)

His/her wage rate per hour is: R

Signed for and on behalf of:

Official rubber stamp to be used

Date: _____

Signed by employer/secretary/wage clerk _____

PLEASE COMPLETE – BANKING DETAILS FOR PAYMENT

Banking Details CHEQ/SAVINGS Bank _____

Account No _____ Branch Code _____

IMPORTANT NOTES TO THE EMPLOYER

NB: Claims for Family Responsibility Leave are limited to 3 days per annum. {Rule 10.4 (b)}

NB: A doctor's certificate/certified copy of death certificate or birth certificate must accompany this application form. {Rule 9.2 (i)&(ii)}

TO BE COMPLETED BY THE EMPLOYER

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