

EAST LONDON BUILDING INDUSTRY SICK PAY FUND

P.O. Box 890
EAST LONDON
5200

Registered under the Labour Relations Act 1995

APPLICATION FOR FAMILY RESPONSIBILITY LEAVE

32(a) Belgravia Crescent
Belgravia
EAST LONDON
5201

Tel. : 041 453 2751
043 722 1205

Fax : 086 540 6611
Email : sickfund@bibcpe.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 5 days per annum.
A doctor's certificate/certified copy of death certificate or birth certificate
must accompany this application form.]**

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. Overpayments or erroneous payments in respect of this claim are recoverable;
3. No family responsibility leave pay will be paid in advance;
4. Claims must be submitted within one [1] month;
5. Claims can only be made once you have made contributions to the Fund in respect of a waiting period covering thirteen [13] weeks.

TO BE COMPLETED BY THE MEMBER

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CERTIFICATE BY EMPLOYER

Tel. : 041 453 2751
043 722 1205

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, child, adopted child, grandchild or sibling; or
- (b) due to the birth of the member's child; or
- (c) due to the member's spouse, life partner or 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 5 days per annum.

NB: A doctor's certificate/certified copy of death certificate or birth certificate must accompany this application form.

BFCL04

TO BE COMPLETED BY THE EMPLOYER

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