Access to Personal Information

Some districts may have been approached by their BCTF union locals requesting information regarding teachers who have, or who will shortly, run out of district sick leave and should be transitioning to the BCTF SIP plan but will be impacted by the extenuating circumstances created by the current job action between the BCTF and their staff union, Communications Energy and Paperworkers (CEP) Local 464.

As you know, school districts are subject to the Freedom of Information and Protection of Privacy Act (FOIPPA). In order to disclose the requested information about individual teachers to the local union presidents and comply with FOIPPA, districts must obtain the consent of the affected individual employees. The consent of the individual must be in writing and specify to whom the personal information may be disclosed and how the personal information may be used.

The best way to facilitate any such requests for information from your BCTF local, and to assist employees running out of sick leave who may be seeking assistance from their local, is for the district to respond directly to employee requests for their own sick bank information by providing the information directly to the employee. The employee can then provide this information to the local as required for the locals to deal with the extenuating circumstances created by the current labour dispute between the BCTF and its staff and the impact the dispute is having on their SIP plan. This information should also assist the locals in reducing the number of potential overpayments that would need to be collected at a later time by the BCTF.

Please find attached a release form you may wish to provide to employees and to your BCTF local should individual information be required.

If you have any questions, please contact your district’s BCPSEA labour relations liaison.

Attachment: Release form
Release Form: Access to Personal Information Request

To: ________________________________

I, ________________________________, request access to the following personal information:

1. My sick leave credits used to date; and
2. My remaining sick leave credits.

I request that the information be provided to me directly by:

☐ Regular mail to the following address

____________________________________________________________________________

or

☐ Making the information available for pick up by me at

____________________________________________________________________________

OR

I authorize the School District to provide the information requested above directly to

_______________________________ for the following use only:

__________________________________________________________________________________

__________________________________________________________________________________

Please make the information available for pickup by ______________________________ at

__________________________________________________________________________________

________________________________________
Name

________________________________________
Date