**PROCEDURE: EMPLOYEE ABSENCE DUE TO ILLNESS OR INJURY**Revised 01 Nov 2013



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It is the specific responsibility of each Supervisor to manage employee absences. Any liability resulting from absence shall remain the responsibility of the department of origin until it is removed.

Application: All employee groups per Terms & Conditions of employment.

1.0 PAID SICK LEAVE USE – (employee groups eligible for paid sick days)

1.1 Cumulative, non-cumulative or "vested" sick credits may be used by an employee eligible for paid sick time:

a) for any illness or injury that is of sufficient severity to prevent an employee from attending work; and

b) to attend personal medical appointments with their primary health care provider (licenced attending physician, surgeon or nurse practitioner) or dental appointments including out-of-town referrals/appointments with medical doctors or dentists and medically directed diagnostic procedures/tests. The latter may require travel time which is an approved use of sick credits Please **refer to Section 1.3 for details on the College’s expectations regarding scheduling of personal medical/dental appointments.**

*EXCLUSIONS: Sick leave is not to be used for looking after a sick child, spouse, or elder care unless so provided within a current collective agreement or the current Terms & Conditions for Administrative employees, as appropriate. Appointments with health care practitioners other than primary healthcare provider are not considered as medical appointments for the purpose of leave without loss of pay under this procedure, unless referred by primary healthcare provider within the scope of a formal Return-to-Work/Medical Accommodation Plan*

1.2 The College recognizes that, from time to time, employees may be required to be absent from their job for medical appointments. At the discretion of the Supervisor, in consultation with the Human Resources Consultant, absences for personal medical appointments with primary healthcare providers / dental appointments; (as described in Section 1.1) of less than ¼ day will be without loss of pay and shall not be unreasonably denied. Supervisors will discuss excessive use of this paid leave provision with employees. Abuse of this paid leave shall result in removal of paid leave privileges under this procedure for the affected employee.

1.3 The employee shall make every effort to schedule **all** appointments outside regular working hours or at the start or end of his/her working day.

1.4 Illness while on vacation, other than as outlined in Article 11.5 of the Support Staff Collective Agreement or Local Agreement, will not be recognized by the College as sick leave.

NOTE: Employees cannot top up sick leave with vacation when they would otherwise have been scheduled to work. These are two very separate and distinct absences from the College.

2.0 RESPONSIBILITY OF THE EMPLOYEE

It is the individual responsibility and duty of each employee to:

2.1 Give as much prior notice as possible to his/her immediate Supervisor (or designate) if s/he is unable to report to work for any reason. The employee shall contact their immediate supervisor directly (in-person; telephone; or email) and may also provide a courtesy email to their work group, if necessary. If an expected date of return is known, that should be reported to the Supervisor as well.

2.2 Immediately report to his/her immediate Supervisor, on-the-job accidents or illnesses which are covered by the WSIB.

2.3 Discuss with his/her Supervisor returning to work as soon as possible along with any medically required accommodations, if applicable. Where medical accommodations are required (with or without absence from the workplace), a formal RTW/MA team meeting is required to discuss the accommodation requirements and a mutually agreed to action plan is to be developed **before** the employee returns to work (in the case of absence).

2.4 Maintain weekly/appropriate contact with his/her Supervisor, in the event that the absence continues.

2.5 ABSENCES OF 3-5 DAYS: The Supervisor may request, upon return to work from absences of three to five consecutive working days, a Medical Certificate if a doctor was seen or, a Sick Leave Declaration if a doctor was not seen (**Appendix A**).

2.6 ABSENCES OF 6-10 DAYS: Provide his/her immediate Supervisor with a medical certificate on return to work from absences for more than five consecutive days. The medical certificate must indicate that the employee is fit and able to perform all duties. (Refer to Return to Work / Medical Accommodation Procedure on the HR website).

2.7 ABSENCES OF MORE THAN 10 DAYS: Upon request by the College, arrange to have a medical certificate sent to the College if it is anticipated that the absence will be longer than ten consecutive working days.

2.8 EXTENDED ABSENCES: Upon request by the College, provide periodic medical certificates/functional ability information and an update regarding the estimated date of return to duty for extended medical absences (longer than one month).

2.9 Authorize his/her physician to release further information to the College that would assist in determining workplace accommodations and return to work plans.

2.10 Actively seek out and receive recognized treatment (or the absence may be treated as a leave without pay).

2.11 Accurately record absences for personal sick time (as defined in Section 1.1) in the College’s attendance management system, My Absences as follows:

- Medical absences under ¼ day are not recorded as sick time

- Medical absences of or over ¼ day are to be recorded for the full duration of the absence.

- As an example for an employee who normally works 8 hrs. day:

* Works 4 hrs. & absent 4 hrs. = record absence as ½ day;
* Work 6 hrs. absent 2 hrs. = record as ¼ day
* Works 7 hours, absent 1 hr. = not recorded (under ¼ day)

SUPPLEMENTARY NOTES:

If an employee fails to produce the necessary medical certificate, s/he may be required to remain off-the-job until such time as a medical certificate is provided. Time off may be at either 100% of regular pay or 75% of regular pay, as outlined in the Collective Agreements.

No employee will be allowed to return to work after an extended medical absence without prior medical evidence of his/her ability to do so.

The College may require an examination of the employee by a physician of its choosing in cases of extended recurrent absence due to illness or incomplete medical certification.

Failure to provide medical certification as outlined in this procedure may result in the employee's absence being treated as a leave without pay.

3.0 RESPONSIBILITY OF IMMEDIATE SUPERVISOR

It is the responsibility of the Supervisor to:

3.1 Ensure that all sick leave absences are accurately recorded in the attendance tracking system. Ensure that vacation time is not approved or recorded to ‘top up’ pay for sick leave absences.

3.2 Maintain weekly/appropriate contact with the employee while s/he is absent.

3.3 Discuss with the employee, as part of the formal RTW/Medical Accommodations Team meeting, his/her immediate return to work and any medical accommodations which may be required.

3.4 Investigate sick leave absences where there is reasonable evidence of a pattern of regular absences or there appears to be a chronic absenteeism problem.

3.5 Report all on-the-job accidents/illnesses to Human Resources immediately and provide complete details of the incident.

3.6 Report all absences which are anticipated to be 5 or more working days in length to Human Resources.

3.7 Ensure that no employee with medical restrictions/limitations returns to the workplace without a formal RTW/MA team meeting.

SUPPLEMENTARY NOTES:

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4.0 RESPONSIBILITY OF HUMAN RESOURCES

It is the responsibility of Human Resources to:

4.1 Request that medical certificates, if required, are submitted during the duration of the absence and upon the employee's return to work. (Refer to the Return to Work/Medical Accommodation Policy and the Procedure).

4.2 Request additional medical information to determine the employee's ability to return to work, if required, and/or the specific accommodation(s) required.

4.3 Request an assessment of the employee's physical capability to carry out some/all of the duties and responsibilities of the position if an employee at any time is unable to perform any/all of his/her duties because of illness or injury. A position description form will be provided to the doctor to assist in the assessment.

4.4 File WSIB report for all on-the-job accidents/illnesses, as reported.

4.5 Advise the employee and his/her supervisor when the pay has been reduced.

4.6 Upon an absence of four months, forward to the employee a Long Term Disability information package, for all absences that are expected to be more than six (6) months duration.

4.7 Discuss the need for additional medical information with the RTW/Medical Accommodation Team to determine suitability to return to work and any accommodations, as required.

4.8 Give to the employee, in all cases where the College requires a medical report on an employee, a copy of the report.

5.0 REPLACEMENT OF AN ABSENT EMPLOYEE

5.1 Sick leave absences shall be temporarily filled in accordance with the respective College Agreements and related College policies and HR practices.

6.0 ACCOUNTABILITY

It is the responsibility of the Vice-President Human Resources and Student Services to ensure these procedures are complied with at the College.

S/he draws the authority for this from the Board Policy on "Return to Work/Medical Accommodations”.

Release Date: 01 November 2013

**APPENDIX A**



**SICK LEAVE DECLARATION FORM**

**PROCEDURE:** In accordance with the Fleming College’s “Employee Absence Due to Illness or Injury” procedure (Section 2.5), employees are to submit either a) a medical certificate if a doctor was seen or, b) sick leave declaration if a doctor was not seen for any sick absence of 3-5 days lengths. This form shall be used for circumstances where a doctor was not seen.

**EMPLOYEE INFORMATION:**

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| --- | --- |
| Employee Name: | Dept: |
| Supervisor: | Campus: |

**ABSENCE DATES:**

The above named employee was absent from work due to illness/injury on the following date(s):

|  |  |
| --- | --- |
| From: | To: |

A medical doctor was not seen during the period of absence noted above.

**DECLARATION/SIGNATURE:**

By my signature, I am acknowledging the above noted sick leave absence was related to a personal medical situation and that a medical doctor was not consulted during this absence.

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| Signature: | Date: |

Submit form to Supervisor ► Human Resources.

**FOR HUMAN RESOURCES USE ONLY:**