

POLICY

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|---------------------------|---|
| Policy Title | Sick Leave – Full Time Employees |
| Policy Holder | Organizational Effectiveness |
| Policy Approver(s) | Strategic Leadership Team |
| Related Policies | Workplace Accommodation and Return to Work Policy |
| Related Procedures | |
| Appendices | |
| Storage Location | Website - https://www.confederationcollege.ca/policies-and-procedures |
| Effective Date | December 19, 2012 |
| Next Review Date | |

Purpose

This policy ensures that sick leave benefits are appropriately used and applied consistently and equitably across the College.

Scope

This policy applies to all full-time Faculty, Support and Administrative employees.

Definitions

Benefit Year

Administrative Staff → July 1 to June 30
 Academic Staff → September 1 to August 31
 Support Staff → September 1 to August 31

Disability

A medical impairment/restriction which prevents the employee from performing the essential duties of his/her own occupation.

Sick Leave/ Short term Disability

Time-off work when the employee is unable to perform the duties of his/her job due to medical reasons. This is a self-insured benefit that is paid for by the College and is available to employees as defined in the Collective Agreement or Terms and Conditions of Employment. Sick Leave & Short-Term Disability are interchangeable terms for the purpose of this policy.

Medical Documentation

Medical documentation is used to assess and adjudicate claims for sick leave benefits/short-term disability benefits and to develop appropriate return to work plans. A doctor's note does not automatically constitute approval for sick leave benefits/short-term disability benefits.

Permanent Accommodation

An altered work environment or method of work that enables a person, despite functional limitations, to fulfill the productive objectives of the job being performed. These limitations are permanent in nature, and/or are intended to exist for an indefinite amount of time.

Temporary Accommodation

An altered work environment or method of work that enables a person, despite functional limitations, to fulfill the productive objectives of the job being performed. These limitations are temporary in nature, intended to last for a defined period of time (maximum of 3-6 months in most cases) and are generally a part of a graduated return to work plan.

Governing Laws and Regulations**Policy Statements**

Confederation College is committed to maintaining an inclusive workplace, and providing support for employees as required under the applicable policies and procedures, benefit plans, collective agreements, relevant legislation such as: The Ontario Human Rights Code, the Workplace Safety and Insurance Act, the Occupational Health & Safety Act and the Accessibility for Ontarians with Disabilities Act. The College is committed to managing sick leave by ensuring each situation is assessed on its own merit, in a pro-active, fair and consistent manner.

1. An employee may use sick days for the following purposes:

An illness or disability that is of sufficient severity to prevent an employee from attending work.

2. Medical Appointments:

- 2.1. Sick leave may be used to attend medical appointments.
- 2.2. Where it is necessary to schedule medical appointments during work hours, they should be arranged for outside of or at the start or near the end of the workday. Where this is not possible, and where mutually agreed to by the employee and their manager, an employee may make up any hours missed from work. The employee's sick days bank would be revised accordingly.

3. Sick days are not available:

- 3.1. During scheduled leaves (professional development, maternity, parental, leaves of absence, etc.)
- 3.2. During scheduled vacation, except when illness/injury results in hospitalization.
- 3.3. As a means of supplementing earnings when a permanent accommodation involves reduced scheduling/hours.

4. General

- 4.1. An employee, absent on approved sick leave, must not leave their home community for other than medical reasons without informing the College.
- 4.2. An employee, absent on approved sick leave, will not engage in remunerative activities/employment outside of the College.
- 4.3. Employees on sick leave will not work for the College (i.e. work from home).
- 4.4. An employee wishing to utilize paid or unpaid personal emergency leave as opposed to sick leave may access available days using the PEL process as posted in Human Resources Services.

5. Frequent absences

In the case of frequent or recurrent/patterned absences, the College will support the employee in identifying and helping them remove barriers that prevent them from attending work on a regular basis.

6. Roles & responsibilities

Promoting a healthy workplace is a shared responsibility among Employees, Managers, Supervisors, Human Resources Area, and Union Locals.

6.1. Managers

- a) Manage employee attendance including consulting with the employee and/or Human Resources regarding frequent or recurrent absenteeism
- b) Monitor/manage departmental attendance reports to ensure accurate and timely management of absences due to illness/injury.
- c) Ensure policies and procedures are consistently applied.
- d) Inform Human Resources when an absence may be or has been longer than 5 consecutive days or when a return to work involves modified duties and/or hours.
- e) Maintain appropriate on-going communication with the absent employee.
- f) Respect the employee's right not to share medical information with his/her manager.

6.2. Employees

- a) Inform your manager of any injury or illness immediately and provide as much notice as possible of the need to be away from work due to medical reasons (e.g. scheduled surgery/procedure).
- b) Provide required documentation to the College/insurance provider in order to maintain eligibility for STD or LTD benefits.
- c) Communicate regularly with your supervisor or manager and/or Human Resources throughout the period of recovery/disability and notify the college if there is any change in circumstances.
- d) Inform your treating healthcare professional that the College has a Workplace Accommodation and Return to Work Policy and has the ability to accommodate based on functional abilities, restrictions and limitations.
- e) An employee requiring time off to attend medical appointments must inform his/her manager, as far in advance as possible, to allow for coverage and the re-scheduling of work assignments. Whenever possible an employee should arrange for medical appointment outside of normal working hours, particularly for frequent and/or

recurring appointments. Where this is not possible, and when mutually agreed upon by the employee and their manager, an employee may make up any hours missed from work for medical appointments, or sick leave will be deducted from the employee's sick leave bank for time lost. These arrangements must be made in advance between the employee and the manager.

- f) Report concerns or questions related to sick leave entitlement to your manager and/or Human Resources, so that issues can be addressed promptly.

6.3. Human Resources Services

- a) Provide advice, guidance and education to employees and managers relating to compensation and benefits related to sick leave, sick leave provisions in the collective agreements, benefits plans and compliance with appropriate legislation.
- b) Responsible for the development and administration of the formalized Sick Leave (Short Term Disability) policy.
- c) Where applicable, ensure the employee is aware of the short-term and long-term disability benefits, and provide appropriate forms, if required.
- d) Work closely with the workplace parties and 3rd party insurance/service providers to ensure a fair and consistent approach is used.

6.4. Unions

Assist employees in understanding procedures and the responsibilities of all parties regarding sick leave and return to work process including the need to maintain contact with the College. Representing members with respect to disagreement regarding the application of this policy.

7. Confidentiality Statement

The College is obligated to protect the confidentiality of employee health and personal information collected during the sick leave process. Records of personal health information are kept in locked, confidential cabinets, separate from employee human resources records (as per the Personal Health Information Protection Act, PIPEDA). Employee health information is gathered through a process of informed, written consent from the employee. No information will be requested regarding medical diagnosis; however the process requires information regarding nature of illness/disability, prognosis, and any medical restrictions and limitations.

8. Compliance

- 8.1. Employees must maintain communication with their immediate manager and the appropriate human resources representative where applicable, providing periodic updates on their return-to-work status and provide medical documentation when requested.
- 8.2. In the event medical documentation is not provided, or deemed insufficient to the College, the College reserves the right to suspend or deny payment of sick leave benefits until such time the requested medical documentation is provided.
- 8.3. Where an employee refuses to cooperate, provide medical documentation, or return to work when medically cleared, payment of salary/benefits may be suspended, terminated and/or the employee may face discipline, up to and including termination.

Appendix

Appendix 1

Functional Abilities Form

TO OUR EMPLOYEE:

Please ask your attending physician or health practitioner to complete the bottom portion of this form.

Employee Information (to be completed by the employee)

Name: _____ Last day worked: _____

Employee Authorization

I authorize the Health Professional involved with my treatment to provide my employer this form when completed, containing information about my medical limitations/restrictions affecting my ability to return to work or perform my assigned duties.

Employee Signature

Please sign and date the authorization ↗

Date
TO THE ATTENDING PHYSICIAN OR HEALTH PRACTITIONER:

Please complete and return this form to the employee.

1. PROGNOSIS:

Approximate date of commencement of illness: _____

Most recent examination date: _____

Date of next appointment for review of capabilities: _____

Prognosis for recovery: _____

RESTRICTIONS and LIMITATIONS (please check all that are applicable)

Is the worker capable of returning to work immediately without limitations? Yes No

Please describe all limitations and restrictions in the appropriate sections below.

2. Musculoskeletal

Please check restrictions and provide comments where applicable
 (% , kg , degree , repetition , not applicable , etc.)

| | | |
|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Elbow |
| <input type="checkbox"/> Wrist/Hand | <input type="checkbox"/> Finger | <input type="checkbox"/> Back |
| <input type="checkbox"/> Hip | <input type="checkbox"/> Knee | <input type="checkbox"/> Ankle/Foot |

3. FUNCTIONAL:

| | | | |
|---|---|---|--|
| Walking: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 metres <input type="checkbox"/> 100-200 metres <input type="checkbox"/> Other (please specify) | Standing: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> Other (please specify) | Sitting: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes -1 hour <input type="checkbox"/> Other (please specify) | Lifting from floor to waist: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5-10 kilograms <input type="checkbox"/> Other (please specify) |
| Lifting from waist to shoulder: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 kilograms <input type="checkbox"/> 5-10 kilograms <input type="checkbox"/> Other (please specify) | Stair climbing: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5-10 steps <input type="checkbox"/> Other (please specify) | Ladder climbing: <input type="checkbox"/> Full abilities <input type="checkbox"/> 1-3 steps <input type="checkbox"/> 4-6 steps <input type="checkbox"/> Other (please specify) | Travel to work: Ability to use public transit <input type="checkbox"/> Yes <input type="checkbox"/> No Ability to drive a car <input type="checkbox"/> Yes <input type="checkbox"/> No |

 Additional comments:

| | | |
|--|--|--|
| <input type="checkbox"/> Bending/twisting repetitive movement of: (please specify) | <input type="checkbox"/> Work at or above shoulder activity: | Limited pushing/pulling with: <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Other (please specify) |
| Limited use of hand(s) or wrist(s): <input type="checkbox"/> Left Type/keyboard <input type="checkbox"/> Right <input type="checkbox"/> Left Write <input type="checkbox"/> Right <input type="checkbox"/> Left Gripping <input type="checkbox"/> Right <input type="checkbox"/> Left Pinching <input type="checkbox"/> Right <input type="checkbox"/> Left Other(please specify) <input type="checkbox"/> Right | <input type="checkbox"/> Operating motorized Equipment: (eg. Forklift) <input type="checkbox"/> Operate machinery <input type="checkbox"/> Work at heights | <input type="checkbox"/> Chemical Exposure to: <input type="checkbox"/> Environmental conditions Temperature/heat & cold <input type="checkbox"/> Exposure to vibration: <input type="checkbox"/> Whole body <input type="checkbox"/> Hand/Arm |
| <input type="checkbox"/> Potential side effects from medications (please specify). Please do not include names of medications. | | |

 Additional Comments:

4. COGNITIVE:

Please check where applicable

| | | | |
|---|---|--|----------------------------------|
| <input type="checkbox"/> Sight (please provide explanation) | <input type="checkbox"/> Memory | <input type="checkbox"/> Speech | <input type="checkbox"/> Hearing |
| Supervision required: <input type="checkbox"/> Needs constant supervision <input type="checkbox"/> Needs frequent supervision <input type="checkbox"/> Needs limited supervision <input type="checkbox"/> Needs no supervision | Supervision of others: <input type="checkbox"/> Not able to supervise <input type="checkbox"/> Can supervise a small group consisting of _____ people <input type="checkbox"/> Capable of regular supervisory duties | Tolerance to deadlines: <input type="checkbox"/> Cannot deal with deadline pressure <input type="checkbox"/> Occasionally deal with deadlines <input type="checkbox"/> Can deal with recurring deadlines <input type="checkbox"/> Can deal with strict deadlines | |
| Attention to detail: <input type="checkbox"/> Concentration on detail severely limited <input type="checkbox"/> Concentration on detail limited <input type="checkbox"/> Can concentrate on detail with occasional breaks of non-detailed work <input type="checkbox"/> Able to concentrate intensely on detailed work | Performance of multiple tasks: <input type="checkbox"/> Can deal with one task at a time <input type="checkbox"/> Can handle more than one task <input type="checkbox"/> Can handle multiple tasks; requires additional time <input type="checkbox"/> Fully able to handle multiple tasks without difficulty | Tolerance to external stimulus: <input type="checkbox"/> Needs quiet, non distracting work environment <input type="checkbox"/> Can cope with small degree of distraction <input type="checkbox"/> Can cope with distracting stimuli for portion of day <input type="checkbox"/> Fully able to cope with multiple stimuli without negative effect | |
| Ability to work with others cooperatively: <input type="checkbox"/> Tolerates working alone <input type="checkbox"/> Can tolerate others within vicinity <input type="checkbox"/> Can work with others cooperatively | Ability to cope with confrontational situations: <input type="checkbox"/> Unable to cope with confrontational situations <input type="checkbox"/> Moderate ability to cope with confrontational situations <input type="checkbox"/> Able to deal with confrontational situations | Responsibility and accountability: <input type="checkbox"/> Can exercise a moderate level of responsibility with occasional need for support <input type="checkbox"/> Can accept responsibility including the responsibility for the safety of others | |

Additional comments:

Have you discussed return to work with your patient?

Yes

No

5. ESTIMATED DURATION OF LIMITATIONS:

_____ days 2-4 weeks 4-6 weeks 6-8 weeks 8-10 weeks > 10 weeks

Permanent

Comment: _____

6. RECOMMENDATION FOR HOURS OF WORK:

- Full-time hours
- Graduated and/or Modified hours: (eg. Work 3 days/week, with a minimum of 1 day of rest between each)

If graduated or modified work hours are recommended please describe:

Recommended Start Date: _____

7. This employee will need to attend appointments at the following intervals: _____

(Please print)

Health Care Provider's Name: _____

Specialty/Health Profession: _____

Address: _____

Telephone: _____

Date: _____ **Health Care Provider's Signature:** _____

Non-Compliance

Revision History

| Version | Change | Author | Date of Change |
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