

a) Purpose

The purpose of this procedure is to outline the Board's expectation of employees with regards to absence reporting. Clear guidelines will ensure that all employees understand their obligations to report absence, what documentation may be required to verify their absences, and what types of absences are eligible to be claimed as sick leave.

b) Collective Agreements

This procedure covers all employee groups in the Board. It is understood that each Collective Agreement/Terms and Conditions, as well as any signed Memoranda of Understanding supersede this procedure.

c) Operating Procedures

1. Absences of more than *five (5) consecutive working days related to illness or injury:

- a) When an employee is going to be absent for more than *five consecutive working days, the employee will notify his/her Principal or Supervisor immediately of the absence.

** Though this procedure pertains to absences of five or more consecutive days, employees are nonetheless still obligated to notify their Principal or Supervisor of any absence, regardless of how long they expect to be absent.*

- b) The Principal or Supervisor shall indicate to the employee that the Human Resources Officer, or designate, will be notified of the employee's absence to enable early intervention and to facilitate a safe and timely return to work (if applicable).
- c) The Principal or Supervisor will notify the Human Resources Officer, or designate by email, fax or telephone.
- d) The Human Resources Officer, or designate, may require the employee to provide documentation completed by the appropriate treating medical practitioner as per Appendix A.

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- e) Unless otherwise arranged, this documentation must be submitted by the employee or appropriate treating medical practitioner to the Human Resources Officer, or designate, within ten working days of the date of the request.
- f) A Principal or Supervisor must exercise discretion in each case in determining whether to ask for a medical certificate.

2. Sick Leave Benefit:

- i. As outlined below, an employee may access or is eligible for sick leave benefits for absence resulting from sickness, physical infirmity, or mental conditions, and have a credit of unused sick leave.
- ii. An employee may access or is eligible for sick leave if he/she is disabled, which is defined as a state of incapacity which is due to bodily injury or sickness, preventing the employee from working for the Board for remuneration.
- iii. Sick leave benefits are not payable:
 - for 12-month employees during scheduled vacation unless the illness requires hospitalization;
 - when an employee is on an authorized unpaid leave of absence;
 - when an employee does not have sick credits or a bank of sick days;
 - while in receipt of full Long Term Disability Benefits
 - when appropriate medical documentation has not been received.
- iv. To be eligible for sick leave benefits, the employee must follow the Board's procedures for reporting absences.
- v. The Board will endeavour to accommodate the return to work and placement of temporary and/or permanently and/or partially disabled employees in accordance with the Disability Management – Early Intervention, Accommodations and Return to Work Procedure.
- vi. Access to sick leave benefits may be denied for failure to provide all appropriate medical documentation requested. Appropriate medical documentation refers to, but is not limited to, medically supported restrictions and/or limitations as they relate to the employee's ability to meet the essential duties of their position. It is the employee's

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responsibility to submit appropriate documentation to the Human Resources Officer, or designate, as applicable (see Appendix A).

- vii. In order to maintain access to sick leave benefits, the Human Resources Officer, or designate, may request the employee to attend an Independent Medical Evaluation (IME) and/or have completed a Functional Abilities Evaluation to determine the employee's restrictions and/or limitations related to the employee's position. This will assist in providing return to work and/or accommodation options. In requesting the IME, the following protocol will apply:
- a. If the Human Resources Officer, or designate, reasonably requires medical information to determine whether an employee is able to return to work or should properly remain off of work and in receipt of sick leave benefits, the Human Resources Officer, or designate, shall so advise the employee and request that such information be provided;
 - b. The employee is required to provide the requested medical documentation to the Human Resources Officer, or designate, in response to the request;
 - c. The Human Resources Officer, or designate, will review the documentation provided by the employee. If the Human Resources Officer, or designate, is not satisfied with the adequacy of the medical information provided, the Human Resources Officer, or designate, will clearly identify to the employee why the information is not adequate;
 - d. The employee will be given an opportunity to provide the Human Resources Officer, or designate, with further medical information;
 - e. The Human Resources Officer, or designate, will review any further documentation provided by the employee. If the entirety of the medical documentation provided does not reasonably permit the Human Resources Officer, or designate, to determine whether the employee should return to work or remain off of work, the employee may be requested to submit to an IME;
 - f. If the employee fails to attend the IME or does not, prior to the IME, provide the Human Resources Officer, or designate, with further medical information to reasonably permit the Human Resources Officer, or designate, to determine whether the employee should return to work or remain off of work, the employee's wages and/or benefits may be discontinued.

3. Responsibilities of the Employee

- i. Personally report an absence, unless the employee is incapacitated and unable to do so. Failure to report absences at the first opportunity in accordance with these procedures may result in denial of pay and/or benefits.
- ii. Indicate, in general terms, the reason for the absence, i.e. due to accident, illness, contractual, etc.
- iii. Record absence in SmartFind Express (SFE). Also, call in directly to their Principal or Supervisor and if not immediately available, the Principal or Supervisor will return the call. Unless otherwise arranged with the Principal or Supervisor, the employee is to call in on each day of absence.
- iv. To be eligible for sick leave benefits, employees may be required to provide satisfactory medical documentation in the form of a Standardized Medical Certificate completed by the appropriate treating medical practitioner, in accordance with #1 of this Procedure (see Appendix A).
- v. Maintain regular contact with their Principal or Supervisor during his/her absence when he /she is unable to perform the essential duties of their position due to disability.
- vi. Participate in appropriate treatment, as determined by the treating medical practitioner(s), to ensure a safe and timely return to work.
- vii. Participate in the development of his/her Return to Work Plan, including taking the proposed Return to Work Plan (including accommodations and/or modifications) to the appropriate treating medical practitioner(s) for approval, if necessary.

4. Responsibilities of the Principal/Vice-Principal or Immediate Supervisor

- i. Communicate the Attendance Support Programme Procedures and Guidelines to the employee.
- ii. Ensure the daily maintenance of accurate, up-to-date records regarding employees' absences as designated by Human Resources.

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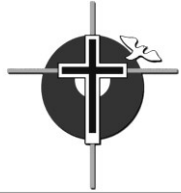
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- iii. Monitor individual employee absenteeism records as designated by Human Resources.
- iv. Ensure employee confidentiality in relation to absences and medical information.
- v. Contact the Human Resources Officer, or designate, for assistance when restrictions and /or limitations have been identified.
- vi. Forward all medical documentation (if received) directly to the Human Resources Officer, or designate, in a secure and confidential manner.
- vii. Advise employees of their obligation to provide satisfactory written proof of disability, as required, confirming disability and ensuring continued payment of sick leave benefits (as per Appendix A). Principals and Supervisors shall not require an employee to sign a release to authorize collection of medical information.
- viii. Participate in the development of the employee's Return to Work Plan, including providing accommodations and/or modifications to the employee's duties and/or hours, based on recommendations from the Human Resources Officer, or designate.

5. Responsibilities of the Human Resources Officer, or Designate

- i. Request proof of continuing disability from the employee in the case of absences exceeding 10 consecutive working days, at appropriate intervals, in order to maintain the sick leave benefit or determine if participation in a Return to Work Programme is appropriate.
- ii. Receive all medical documentation required and provide support to the employee during their time of disability.
- iii. Assist the Principal or Supervisor by maintaining contact with employees disabled for more than 10 consecutive working days, verifying that the employee is under the active care of the appropriate medical practitioner and following an appropriate treatment plan, and advise the Principal or Supervisor of the expected return to work date, when known.

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**CATHOLIC DISTRICT
SCHOOL BOARD OF
EASTERN ONTARIO**
www.cdsbeo.on.ca

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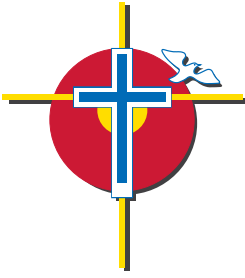
- iv. Develop an appropriate Return to Work Plan (including appropriate accommodation and/or modification recommendations) based on the employee's restrictions and/or limitations.

6. Responsibilities of Superintendent(s)

- i. It is the responsibility of the Superintendent of Human Resources to administer this Procedure and Programme Guidelines.
- ii. The Superintendent of Human Resources shall review this Procedure and Programme Guidelines on a regular basis or as required by legislative change.

* *For further direction beyond this procedure, refer to Disability Management – Early Intervention, Accommodations and Return to Work*

Appendices: E1:8 Form - Medical Certificate



CATHOLIC DISTRICT SCHOOL BOARD OF EASTERN ONTARIO
Human Resources Department
2755 Highway 43, Kemptville, ON K0G 1J0
1-800-443-4562 or 613-258-7757
www.cdsbeo.on.ca

This form shall be provided by the medical practitioner to the employee who will then deliver it to the Human Resources Department.

MEDICAL CERTIFICATE

Part 1 – Employee - please complete following:

Employee Name: _____

The information supplied will be used in a confidential manner and may assist in creating a return to work plan.

I hereby consent to the completion of this form by
(Treating Medical Practitioner's Name):

Signature of Employee: _____

Date (dd/mm/yyyy): _____

Absent from Work

(first day of absence)

Not absent from work but
requires accommodations

Part 2 – Medical Practitioner - please complete following:

1. Nature of Illness (do not provide diagnosis):

* “Nature of the illness”(or injury) suggests a general statement of a person’s illness or injury in plain language without any technical medical details, including diagnosis or symptoms. Although revealing the nature of an illness may suggest the diagnosis, it will not necessarily do so. “Nature of illness” and “diagnosis” are not congruent terms. For example, a statement that a person has a cardiac or abdominal condition or that s/he has undergone surgery in that respect reveals the essence of the situation without revealing a diagnosis.

2. Is this condition the result of: (check one)

Non-occupational illness/injury

Occupational illness/injury

3. Is he/she receiving treatment: Yes No

4. Has or will a referral to a specialist been made? Yes No

If yes, date of referral (dd/mm/yyyy): _____

5. Have you discussed return to work with your patient? Yes Not at this time

6. Is the patient able to return to work: with accommodation without accommodation

Expected date of return (dd/mm/yyyy): _____

unable to return to work at this time

7. Date of next assessment (dd/mm/yyyy): _____

Health Care Practitioner Signature: _____

Date Completed (dd/mm/yyyy): _____

Health Care Practitioner Name and Address: _____

Part 3 and/or 4 need only be completed for a return to work that requires an accommodation.

Part 3 – Medical Practitioner – please complete the following:

COGNITIVE LIMITATIONS AND/OR RESTRICTIONS

N/A

Please describe **cognitive** limitations and/or restrictions. Physical limitations and/or restrictions, if any, can be detailed in Part 4. These cognitive restrictions will be assessed when determining modified work either in the employee's own position or another suitable position.

Date of Assessment (dd/mm/yyyy): _____

Level of Functioning (Please circle which level applies for each task)	Level 1	Level 2	Level 3	Level 4
Supervision Required	<input type="checkbox"/> needs constant supervision	<input type="checkbox"/> needs frequent supervision	<input type="checkbox"/> needs limited supervision	<input type="checkbox"/> requires no supervision
Supervision of Others	<input type="checkbox"/> not able to supervise others	<input type="checkbox"/> can meet demands of or for occasional supervision	<input type="checkbox"/> can meet demands of or for regular supervision	<input type="checkbox"/> can meet demands of full supervision
Tolerance to Deadlines	<input type="checkbox"/> cannot deal with deadline pressures	<input type="checkbox"/> occasionally deal with deadlines	<input type="checkbox"/> can deal with deadlines that are reoccurring	<input type="checkbox"/> can deal with strict deadlines
Attention to Detail (indicate maximum time the Individual can concentrate)	<input type="checkbox"/> concentration on detail is severely limited	<input type="checkbox"/> concentrate on detail is limited	<input type="checkbox"/> can concentrate on details, needs 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 1 task but requires cues as to when to do task	<input type="checkbox"/> can handle multiple tasks requires some time management assistance	<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, but needs to perform independent tasks	<input type="checkbox"/> can work with others cooperatively when required	<input type="checkbox"/> fully able to work in close cooperation with others
Confrontational Situations	<input type="checkbox"/> unable to cope with confrontational situations	<input type="checkbox"/> can cope with exposure to confrontational situations with back-up available	<input type="checkbox"/> moderate ability to cope with confrontational situations	<input type="checkbox"/> able to deal with confrontational situations with tact and control
Responsibility and Accountability	<input type="checkbox"/> errors in judgment or attention likely to occur	<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	<input type="checkbox"/> can accept a high level of responsibility including sensitive situations

Prognosis (based on objective assessments)

From the date of this assessment, the above will apply for approximately:

- 1-2 Weeks
 3-5 Weeks
 6-8 Weeks
 2-3 Months
 4-6 Months
 6+ Months
 Unknown

Recommendations for work hours and start date:

- Regular full time hours
 Modified hours
 Graduated hours

Start Date (dd/mm/yyyy):

Next appointment date to review Limitations and/or Restrictions (dd/mm/yyyy): _____

Part 4 - Medical Practitioner – please complete the following:

PHYSICAL LIMITATIONS AND/OR RESTRICTIONS N/A

Please describe physical limitations and/or restrictions only. Cognitive limitations and/or restrictions, if any, can be detailed in Part 3. These physical restrictions will be assessed when determining modified work either in the employee's own position or another suitable position.

Date of Assessment (dd/mm/yyyy): _____

Walking:

- Full abilities
 - Up to 100 metres
 - 100 - 200 metres
 - Other (please specify)
-

Standing:

- Full abilities
 - Up to 15 minutes
 - 15 - 30 minutes
 - Other (please specify)
-

Sitting:

- Full abilities
 - Up to 30 minutes
 - 30 minutes - 1 hour
 - Other (please specify)
-

Lifting from floor to waist:

- Full abilities
 - Up to 5 kilograms
 - 5 - 10 kilograms
 - Other (please specify)
-

Lifting from waist to Shoulder:

- Full abilities
 - Up to 5 kilograms
 - 5 - 10 kilograms
 - Other (please specify)
-

Stair Climbing:

- Full abilities
 - Up to 5 steps
 - 5 - 10 steps
 - Other (please specify)
-

Bending/twisting repetitive movement of (please specify):

Work at or above shoulder activity:

Limited pushing/pulling with:

- Left Arm
 - Right Arm
 - Other (please specify)
-

Limited use of hand(s):

- | Left | Right |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Gripping | <input type="checkbox"/> Gripping |
| <input type="checkbox"/> Pinching | <input type="checkbox"/> Pinching |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other |
-

Operating motorized Equipment

Environmental Exposure to: (heat, cold, noise)

Chemical exposure to:

Exposure to Vibration:

- Whole body
- Hand/arm

Other (Please describe): _____

Prognosis - From the date of this assessment, the above will apply for approximately:

- 1-2 Weeks
- 3-5 Weeks
- 6-8 Weeks
- 2-3 Months
- 4-6 Months
- 6+ Months
- Unknown

Recommendations for work hours and start date:

- Regular full time hours
- Modified hours
- Graduated hours

Start Date (dd/mm/yyyy):

Next appointment date to review Limitations and/or Restrictions (dd/mm/yyyy): _____

Please provide any additional information/comments/findings/limitations (ex. Physical, Cognitive) which you feel would assist our employee in a safe and timely return to work.

