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| Version | 4 |
| Last Revision Date | June 2011 |



Sickness Absence Policy



| DOCUMENT CONTROL | |
|---|--|
| POLICY NAME | Sickness Absence Policy |
| Department | Human Resources |
| Telephone Number | 01443 444501 01443 444502 01443 444503 |
| Initial Policy Launch Date | |
| Reviewing Officer | Alison Cade, Peter Cushion, Richard Evans |
| Review Date | March 2012 |
| Date of Equality Impact Assessment | Updated April 2011 |
| | |
| REVISION HISTORY | |
| Date | Revised By |
| May 1996 | Richard Evans |
| May 2001 | Richard Evans |
| April 2008 | Alison Cade, Peter Cushion, Richard Evans |
| June 2011 | Alison Cade, Peter Cushion, Richard Evans |
| DOCUMENT APPROVAL | |
| This document has received approval from: | Date of Approval |
| HR Senior Management Team | May 2011 |
| Corporate Management Team | May 2011 |
| Cabinet | N/A |

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1. POLICY STATEMENT

Absenteeism is, for most employers, a common problem, which needs to be dealt with consistently. Rhondda Cynon Taf Council is no exception to this.

Whilst the Council accepts that its employees are its most valuable resource, it also recognises that if employees spend less time at work than they are contracted to do, there is a direct effect on the service that can be provided to the community and a drain on resources. The Council has therefore determined that the control of sickness absence must be given a high priority and in so doing, have developed the sickness absence policy in accordance with the advice of the National Joint Councils. The Council acknowledges that the issue cannot be regarded purely as a management problem. To deal effectively with sickness absence, managers, employees and their representatives will need to work together to ensure that sickness absence is monitored and controlled and that there is fair and consistent treatment of all the Council's employees.

The aim of the Sickness Absence Policy is to help minimise disruption to work, whilst at the same time treating all employees fairly.

Every employee must be made aware of their obligations under the Sickness Absence Policy, as failure to comply with its requirements could result in a loss of benefit and may lead to disciplinary action.

The policy is designed to ensure that all sickness absence is monitored and managed and that all employees are treated sympathetically and equitably.

2. MANAGEMENT AND MONITORING PROCEDURE

The management and monitoring of sickness absence within the Council is actioned via the Council's Vision system. All absences and associated pro-forma's will be recorded electronically directly by managers onto the system. This will ensure that analysis of information on absence levels within the Council are both accurate and up to date. There may be areas where the use of the Vision system is not feasible. Where these have been agreed by the Council, the current paper based system will continue.

2.1 Notification Procedure - Day 1

If an employee is unable to attend work because of illness they must telephone their manager at the earliest opportunity and no later than 10.00 a.m. on the first day of absence. If the employee works irregular hours or shift patterns they must notify their manager at the earliest opportunity and no later than two hours prior to the commencement of the shift wherever possible.

It is not acceptable for the employee to speak to a colleague or to pass a message through a colleague. The contact must be with the employee's manager or, in the absence of that officer, the person nominated as being in charge. If the manager is unavailable then employees may leave a message and their contact details with the most senior person on duty, which will allow the manager to make contact with the employee later to discuss the absence.

The employee will be required to indicate:

- i) The specific reason for the absence.
- ii) The likely date of return to work

The manager receiving the telephone message will be required to record the information directly onto the Vision system as soon as practicable.

2.2 Notification Procedure - Day 4

If at day four of the period of absence the employee is still unable to return to work they must again telephone their manager giving the same detail as stated in 2.1 above. The manager receiving the telephone message will update the Vision system accordingly with the new information. The manager must advise the employee of the requirement to obtain a 'fit note' from their General Practitioner in the event of their absence extending beyond seven days.

2.3 Fit Note

From 6th April 2010 the 'sick note' has changed to become a 'fit note'. This new system will mean that doctors can advise that an employee is either:

- may be 'fit for work'; or
- 'not fit for work'

Changes to the form allow a doctor to provide more information on an employee's condition and how they might facilitate a return to work with suitable support. The main changes are:

- the removal of the fit for work option
- an option for a doctor to advise if an employee may be fit for work with some support
- more space for a doctor to provide information on the employee's condition
- tick boxes to suggest ways to assist a return to work

2.3.1 Maybe Fit for Work

It is envisaged that the option of 'may be fit for work' means fewer employees will be signed off work, as they may be able to do some or all of their job with some support. It will provide greater flexibility by enabling a doctor to suggest ways of helping an employee via:

- a phased return
- altered hours
- amended duties
- workplace adaptations.

The doctor will also provide written comments on the form, offering a more detailed view of the kind of things that may help. If it is not possible to provide the support suggested, then the statement will be used as if the doctor had advised 'not fit for work'. The employee will not need to return to their doctor for a new statement to confirm this, and will remain on sick leave until the stipulated expiry date on the statement.

The following process **must** be followed by managers on receipt of a 'maybe fit for work' statement:

- discuss the advice with the employee
- consider the advice and how it affects the job/workplace
- consider the functional comments that could assist a return to work
- consider if a return to work is possible
- if it is, agree a return to work date/review period
- if not, explain the reasons why and agree next review. The employee will remain on sick leave until that happens.

Managers must ensure that any meeting held with an employee regarding this process must be recorded via written notes and signed by both parties. In situations where amended duties or workplace adaptations are recommended, the doctor will state the period of time their advice is to apply.

When agreeing a return to work plan managers should always be clear on the length of time any amended duties or support should prevail.

If managers believe, that on the basis of the doctor's advice, support can be offered to facilitate a return to work, but the employee disagrees, the first option should be to discuss the issues as there may be circumstances, either work or health related that have not been considered. If no agreement is reached, then a referral to Occupational Health may be required.

2.3.2 Not Fit For Work

If the doctor's assessment is 'not fit for work', then this is just like the old 'sick note' where the employee is advised to refrain from work for a period of time recommended by the employees GP.

If an employee wants to return to work before the end of a 'not fit for work' statement expires, because they have recovered faster than the doctor expected, then managers can agree a suitable return to work date. If managers do not agree that the employee is fit enough to return to work (they may want to return earlier for financial reasons), they will need to contact Human Resources who will assist in the review. Following the review, if it is determined that the employee is not fit to return, then the manager can insist that they do not return until the period recommended by the doctor on the statement is reached.

The advice on the statement is not binding; it is about giving greater flexibility and better information to manage sickness absence. It is the managers choice, after discussing the statement with the employee, how to act on the doctor's advice.

For more detailed information, the report 'STATEMENT OF FITNESS FOR WORK – A GUIDE FOR EMPLOYERS' can be accessed on line at:

www.dwp.gov.uk/fitnote

2.4 Returning to Work

Once it is known that the employee is fit to return to work, they should telephone their manager to advise them of the position. At this time arrangements will be made to interview staff upon their return and unless wholly impracticable, within 7 days of their return to work. If practical, the return to work interview should be conducted on the first day following the absence, particularly if there are health and safety considerations.

The return to work interview provides an opportunity to build a relationship with the individual employee and establish that they are fully recovered and whether there is some underlying problem. Further details on this process can be found at 6.2.1.

3. SICKNESS ABSENCE PAYMENTS

3.1 Entitlement

Your occupational sick pay entitlement will be dependant on your continuous service and in accordance with the following scale:

| <u>Length of service</u> | <u>Full pay</u> | <u>Half Pay</u> |
|--|------------------------|------------------------|
| 0 to 4 months | 1 month | None |
| 4 months to 12 months | 1 month | 2 months |
| During 2 nd year of service | 2 months | 2 months |
| During 3 rd year of service | 4 months | 4 months |
| During 4 th year of service | 5 months | 5 months |
| During 5 th year of service | 5 months | 5 months |
| After 5 years service | 6 months | 6 months |

In calculating your entitlement, all previous sickness absence for the preceding twelve months will be deducted from your maximum entitlements. Any full or half pay entitlements are subject to deductions of sickness benefit or Statutory Sick Pay, which you may receive.

3.3 Non Compliance of Notification Procedure

Non-compliance of the Notification Procedure and non-submission of Fit Note(s) may result in disciplinary action due to unauthorised absence. In addition, if you fail to comply with any procedure you will be disqualified from receiving any further Council occupational sick pay and you may also be disqualified from receiving statutory sick pay.

4. OCCUPATIONAL HEALTH & WELLBEING UNIT

The Council's Occupational Health & Wellbeing Unit specialises in providing advice and guidance to managers and employees on their fitness for work. The Unit plays a key role in assisting managers to make decisions about employment matters. It is important that when dealing with an employee's sickness absence or ill health, that the Council seeks medical advice wherever possible in order to help shape the decisions that are made relating to employment.

Managers may refer employees to the Occupational Health & Wellbeing Unit for a number of reasons e.g. short-term and frequent absences, long-term absences or managerial/employee concerns. All referrals will be made on line using the electronic SA5.

5. COUNSELLING & PHYSIOTHERAPY SERVICES

As part of the services provided by Occupational Health & Wellbeing, the Council has established a counselling and physiotherapy service available to all employees. The counselling is free, totally confidential and provided by qualified counsellors. The physiotherapy service is also free and again is provided by qualified practitioners. You can access these services via your manager or by contacting Human Resources.

6. FREQUENT AND SHORT-TERM ABSENCE

Recording and monitoring the attendance of all employees is very important. It allows early identification of an employee whose level of attendance has become unacceptable and who needs further attention. Where appropriate, the employee should be referred to the Occupational Health & Wellbeing Unit for an opinion. In other circumstances the employee must be made aware of their attendance record, provide support as necessary and advised of the improvement that is expected and the likely consequences of their failure to make that improvement.

Although the outcome of each case will depend on its own facts, the following points should be considered:

- The nature of the illnesses.
- The likelihood of recurrence or some other illness arising.
- The length of the various absences and the periods of good health between them.
- The impact of the absences on the work to be done and on other employees.
- The extent to which the employee has been made fully aware of the position.

6.1 Trigger Points for Frequent and Short Term Absence

The Council has set the following trigger points as a guide to assist Managers when dealing with frequent and intermittent absence. Where an individual's absence level meets one of the following trigger points, the Manager will review the absence levels with the employee.

- 3 or more instances of sickness absence in any 12 month period.
- 10 or more days sickness absence within any 12 month period
- any other recognisable patterns, such as frequent absenteeism on a Friday, Monday or weekends.

It should be noted that these trigger points are only a guide to Managers and other patterns of absence which also cause concern can be addressed.

6.2 Dealing with Frequent and Short Term Absence

6.2.1 Stage 1 – The Return to Work Interview

The return to work interview is a vital part of monitoring sickness absence. The Manager, during the return to work interview, should ensure that employees are fully aware of what are unacceptable levels of absences.

During the interview the employee may express other concerns that suggest difficulties at work or at home. Employees should be encouraged to seek medical attention if the matter is health related, or may be signposted to an appropriate counselling body for work related issues.

It is accepted that there may be circumstances when the nature of the illness may make it preferable for the interview to be conducted by someone other than the individuals' manager and appropriate arrangements will be made in such cases.

Employees will be required to fill out the self-certification forms, which will be authorised by the manager. Following the return to work, the manager will be required to fill out the Return to Work form, via the Vision system.

At this stage any underlying cause, where possible, should be established for the absences. As a result of the interview process, some or all of the following outcomes may be reached:

- Referral to the Occupational Health & Wellbeing Unit (if not previously undertaken).
- Other support mechanisms may be identified and implemented e.g. more formal supervision or training.
- Reasonable adjustments such as changes to the workload, work practices or work pattern.

It is at this stage that the Manager may determine that it is necessary to specify a period where the employee will be monitored, with a review meeting taking place at the end of the monitoring period. The Manager will confirm these arrangements in writing which will be signed by both parties.

6.2.2 Stage 2 – Referral to Designated Officer for Review

Where there has been insufficient improvement made, the Manager may determine to refer the employee to a designated officer within the service area who will review the employee's attendance. This second stage will mean that the employee will be asked to attend an interview with the designated officer, who will usually be accompanied by a HR representative. The employee will also have the right to be accompanied by a trade union representative or work colleague if they wish.

This meeting will reaffirm the issues discussed previously, identify support provided to the employee and what further support may be appropriate and warn of the consequences of no improvement. As a result of the interview, similar to Stage 1 of the process, some or all of the following outcomes may be reached:

- The employee may be required to submit a fit note from their GP for every instance of absence.
- Referral to the Occupational Health & Wellbeing Unit (if not previously undertaken).
- Other support mechanisms may be identified and implemented.
- Reasonable adjustments such as changes to the workload, work practices or work pattern.

At the conclusion of the meeting, the designated officer will set a target for improvement in the employee's attendance levels which will need to be achieved for a 12 month period.

The designated officer will write to the employee following the meeting, confirming the points discussed and actions to be followed.

If there is insufficient improvement following Stage 2 of the process and all other avenues have been exhausted, the matter will be referred for disciplinary action to an authorised officer within the Council, who will have no other option than to invoke the Council's Disciplinary Procedures.

6.2.3 Stage 3 – Disciplinary Action

When an employee has been referred for disciplinary action they will be dealt with in accordance with the Council's Disciplinary procedure. All correspondence and documentation will be the same as used in all other disciplinary cases.

7. LONG TERM ABSENCE

Long-term sickness absence with underlying medical conditions has to be treated differently from frequent short-term absences. In such cases, there is often a conflict between the requirement for the employee's work to be done and the desire to help the employee's recovery by maintaining job security. The Council appreciates the difficulties that may arise in such situations and will ensure that contact is maintained with the employee throughout any period of sickness absence.

A referral to the Council's Occupational Health & Wellbeing Unit will take place where the employee's absence extends beyond a period of 28 days via the electronic SA5 form. It is the manager's responsibility to ensure that employee's are referred on time, unless there are exceptional circumstances as to why it should be delayed.

It is a condition of employment that the Council may, at any time, require an employee who is unable to perform their duties as a consequence of illness, to submit to an examination by the Council's Occupational Health & Wellbeing Unit.

If an employee fails to attend this appointment, then they will incur a charge for non-attendance.

7.1 Welfare Visits

Welfare visits provide an opportunity to see how the employee is progressing. They can also establish what support and assistance might be of benefit for the employee during the period of absence and later, following their return to work. Whilst it is not possible to be prescriptive about the precise timing of welfare visits, a visit should take place within two weeks of the medical advice being received from the Council's Occupational Health & Wellbeing Unit.

Similarly, if the absence continues over a long period of time, it is important that regular welfare visits are made to monitor progress and keep the employee informed about their employment position. Welfare visits are designed to support the employee and must not be used as a tool to aid discipline. It must be recognised that not all employees are happy to receive a welfare visit at home, the personal preference of the employee should be acknowledged and where necessary alternative arrangements should be made.

Employees have the right to be accompanied by a trade union representative or a work colleague at all times. There is no provision for any other representation arrangements.

8. MEDICAL ADVICE

Upon receipt of the Council's Occupational Health & Wellbeing Unit report, managers will need to consider and assess what steps need to be taken. The interests of the individual and the operational needs of the service should be borne in mind. Again the outcome of each case will depend on its own facts. However, the following points should be considered:

- What is the medical prognosis regarding the likelihood of a full recovery, the likely date of return and the prospect of the employee being able to perform the same work?
- Can the effects of the absence be alleviated without the need for an immediate replacement?
- Could the employee return if some assistance was provided?
- Could some reorganisation or redesign of the job facilitate a return to work?
- Have all possibilities been explored with the employee?
- Has the employee been kept fully informed and advised that their employment may be at risk?

If the prognosis is good and a return to work is likely, suitable arrangements can be made, for example, providing temporary cover, enabling the employee to return on a part time basis or agreeing a phased return to work to assist in their rehabilitation. This phased return has to be agreed by the manager and will be for a maximum of four weeks.

As part of the management of an employee's long-term sickness absence, case conferences will be arranged to explore different ways of assisting an employee to return to work. As part of this process, a Case Conference Protocol has been developed and further details on this protocol can be obtained from Human Resources.

9. ILL HEALTH PROCESS

If following the case conference it is determined that the employee can no longer carry on working in their role and is unable to return to work in any capacity, then the employee will be referred to the Independent Registered Medical Practitioner (IRMP) for a decision on their continued employment. This process will apply to both pensionable and non-pensionable employees.

9.1 Pensionable Employees

If the IRMP certifies that the employee is permanently unfit which will also include a determination as to whether the pension will be released or not, then based on that determination, the Council will terminate their contract from the date they were seen by the IRMP. Such termination will be with appropriate notice and in accordance with the Council's procedures. Further details, including the ill health certificate are contained within the Council's Local Government Pension Scheme - Ill Health Retirement Policy.

9.2 Non-Pensionable Employees

If the IRMP certifies that the employee is permanently unfit, then based on that determination, the Council will terminate their contract from the date they were seen by the IRMP. Such termination will be with appropriate notice and in accordance with the Council's procedures. The IRMP will complete the ill health certificate as detailed at Appendix A.

For both pensionable and non-pensionable employees, if the IRMP certifies that the employee is temporarily unfit to continue in employment, the employing service area will review the employee's continued employment. This may result in an employee being requested to attend an Ill Health Capability Hearing.

10. EMPLOYEE APPEAL RIGHTS

If an employee is dissatisfied with the IRMP's determination that they are permanently incapable of discharging efficiently the duties of his/her normal occupation by reason of ill health or infirmity of mind or body, then they have a right of appeal against that decision which led to the Council terminating their contract of employment. Such an appeal must be on the basis that they have obtained a medical diagnosis that is contrary to that of the IRMP.

For dismissals arising from Ill Health Capability Hearings, an employee also has a right of appeal against that decision which led to the Council terminating their contract of employment. Again, such an appeal must be on the basis that they have obtained a medical diagnosis that is contrary to that of the IRMP.

In cases where an employee has obtained a medical diagnosis that is contrary to that of the IRMP, a third medical opinion will be sought from an IRMP who has had no involvement in the case. The decision of the third medical opinion will be binding on all parties.

11. ELECTIVE SURGERY

Elective surgery is surgery that is not considered to be medically necessary. This includes cosmetic surgery, which is concerned with the enhancement of appearance through surgical and medical techniques, e.g. face-lifts or breast implants. It also includes other medical procedures such as laser eye treatment.

Time off for elective surgery will be unpaid or the employee can take leave. The time off requested will cover both the procedure and post operative recovery time.

However, where the employee suffers an unexpected injury/illness as a result of the procedure, then the Council's normal sick pay will apply, following receipt of the relevant fit note certificate.

This policy does not cover gender reassignment surgery, which is dealt with under a separate policy.

12. EQUALITY ACT 2010

The Act makes it unlawful for an employer with 15 or more employees to treat a disabled person less favourably for a reason relating to their disability, without a justifiable reason. Disability is defined under the Act as a person has a disability if they have a physical or mental impairment, which has a long term and substantial adverse effect on their ability to carry out normal day-to-day activities

Managers may be required to make a reasonable adjustment to working conditions or the workplace where that would help to assist a disabled employee to stay in employment. A separate Reasonable Adjustments Policy is available for managers to utilise if such adjustments are recommended.

13. ANNUAL LEAVE & SICKNESS ABSENCE

13.1 Sickness During Holiday

Where an employee falls sick or is injured while on holiday, they will be allowed to transfer annual leave to sick leave and take replacement days for holiday at a later time. This policy is subject to the following strict conditions:

- The total period of incapacity must be fully certificated by a qualified medical practitioner.

- The employee must contact their manager by telephone, on the first day of any period of incapacity during a holiday, in accordance with the Councils normal sickness procedure. Should the period of sickness extend beyond the first day, then the employee will be required to follow the normal reporting process.
- The employee must submit a written request no later than 10 days after returning to work setting out how much of the holiday period was affected by sickness and the amount of leave that they wish to take at another time.
- Where the employee is overseas when he/she falls ill or is injured, evidence must still be produced that they were ill by way of either a medical certificate or proof of a claim on an insurance policy for medical treatment received at the overseas location.
- All costs of medical certification are to be borne by the employee.

Where the employee fulfils all of the above conditions, they will be granted the same number of days replacement leave in the current leave year as the number of leave days lost due to sickness or injury. The replacement leave must be taken in the employee's current leave year wherever practicable. However, where this is not possible due to the exigencies of the service, they will be allowed to carry only the statutory element* of any untaken leave forward into the next holiday year (with contractual annual leave being assumed to have been taken first in any leave year).

** Statutory leave (as at April 2010) is currently 5.6 weeks a year (28 days based on working 5 days a week) inclusive of bank holidays, therefore an employee can carry forward a maximum of 4 weeks (i.e. 20 days on a full time equivalent basis).*

The employee may be required to take all or part of his/her replacement holiday on particular days and the manager is not required to provide the employee with any minimum period of notice to do this, although it will aim to provide reasonable notice. If an employee is ill or is injured before the start of a period of planned holiday, the manager may agree to the employee postponing the holiday dates to another mutually agreed time (in that leave year whenever possible). Any period of sickness absence will then be treated in accordance with the Councils Sickness Absence Policy.

The employee must submit a written request to postpone the planned holiday and this must be accompanied by a letter from his/her doctor confirming that he/she is unfit, or is still likely to be unfit, to take the holiday.

13.2 Holiday Entitlement and Long Term Sick Leave

An employee who is absent on sick leave will continue to accrue his/her **contractual** holiday entitlement. In addition, where the employee returns to work following long term sick leave, **contractual** holiday entitlement accrued should be taken in the same leave year where practicable. The employee may be required to take all or part of his/her accrued holiday on particular days and the manager is not required to provide the employee with any minimum period of notice to do this, although it will aim to provide reasonable notice.

However, where the employee is absent for the whole leave year or there is insufficient time for the leave to be taken in the same year, the employee will only be permitted to carry forward the **statutory** element of any accrued leave in to the next leave year.

Example 1

Employee has returned from sick leave and has 25 contractual days remaining. They can take 15 days contractual but are unable to physically take the remaining 10 contractual days before the end of the financial year.

The statutory calculation would be as follows:

| | |
|---|-----------|
| Contractual Leave balance on return from sickness | = 25 days |
| Actual contractual leave that can be taken since return | = 15 days |
| Full year Statutory leave entitlement | = 20 days |
| Balance of Statutory leave to be carried forward | = 5 days |

In this case the remaining 5 days contractual leave would be lost.

Example 2

Employee has returned from sick leave and has 28 days remaining. They can take 22 days but are unable to physically take the remaining 6 days before the end of the financial year.

The statutory calculation would be as follows:

| | |
|---|-----------|
| Contractual Leave balance on return from sickness | = 28 days |
| Actual contractual leave that can be taken since return | = 22 days |
| Full year Statutory leave entitlement | = 20 days |
| Balance of Statutory leave to be carried forward | = Nil |

In this case the employee has taken leave above the statutory maximum allowed for carry over but no adjustment will be made in terms of recovery of pay.

Employees on paid or unpaid sick leave are permitted to travel for holidays or other purposes, but should be aware that if they do something inconsistent with their stated reasons for sickness absence or something that worsens their illness or prolongs their absence, the relevant Chief Officer in consultation with the Director of Human Resources (or their representative), reserves the right to stop statutory sick pay and/or occupational sick pay, and in some cases this could result in disciplinary action. Employees can also elect to take annual leave during periods of long-term absence.

13.3 Use of Annual Leave for Phased Returns to Work after Long Term Sickness Absence

Where agreement is reached for a phased return following long-term sickness this will be managed according to the particular circumstances of the individual. It is recognised that it is not appropriate to require employees to use their **statutory** annual leave during this time. However, the employee and the manager may agree that accrued **statutory** annual leave could be used to arrange a period of part time working at the end of the period of phased return.

14. CONCLUSION

As part of the Council's Induction programme, all employees must be made aware of the Council's view on the need for regular attendance at work and be introduced to its policy and procedure for sickness absence control at the start of their employment. Thereafter, the management and monitoring of their sickness absence levels must become an integral part of their employment relationship.

APPENDIX A

RHONDDA CYNON TAF COUNCIL - ILL HEALTH CERTIFICATE
MEDICAL CERTIFICATION – ‘NON PENSIONABLE’ EMPLOYEES

SECTION 1 - Member's Details (to be completed by the Employer)

| | | | | | |
|--|--|------------|--|-----------|--|
| Name of Member | | | | | |
| Employing Authority | | | | | |
| National Insurance Number | | | | | |
| Department & Post | | | | | |
| Date of Birth | | | | | |
| A | Has the member reduced his/her hours of work due to their current medical condition? | Yes | | No | |
| If Yes, please specify the date that the member reduced their hours of work? | | | | | |

SECTION 2 - Medical Practitioner's Certification (Please tick Box B or C)

| | | |
|-----------|--|--|
| B | I certify that in my opinion this employee IS NOT permanently incapable* of discharging efficiently the duties of his/her normal occupation by reason of ill health or infirmity of mind or body. | |
| OR | | |
| C | I certify that in my opinion this employee IS permanently incapable* of discharging efficiently the duties of his/her normal occupation by reason of ill health or infirmity of mind or body. | |

SECTION 3 – Medical Practitioner's Declaration

| | |
|---|--|
| I certify that I have not previously advised, or given an opinion on, or otherwise been involved in the case to which this certificate relates nor am I acting or have I ever acted as the representative of the employee, the Scheme employer or any other party in relation to this case. | |
| Signature | |
| Print Name | |
| Qualifications | |
| Date | |

Notes of Guidance

The key question that will determine whether an employee leaves an employment for health reasons and their level and duration is:

- Should the employment be terminated on the grounds that the person's ill-health or infirmity of mind or body renders him "permanently incapable" of discharging efficiently the duties of that employment?

Employers need to obtain an opinion from an approved Independent Registered Medical Practitioner (IRMP) qualified in occupational health medicine. Employers are responsible for the provision of information to the Occupational Health Practitioners regarding the requirements of the employee's normal job, details of sickness absence and other relevant information.

Definitions

***Permanently Incapable** means that the member will, more likely than not, be incapable until, at the earliest, their 65th birthday.

Completing the Certificate

Section 1 must be completed by the Employer and identifies the employee concerned, his/her current occupation, and whether a part time employee has reduced his/her hours of work due to their current medical condition.

Section 2 requires the IRMP to give an opinion on whether the employee is permanently incapable of, for health reasons, of doing his/her normal job.

Section 3 is a declaration of independence to be completed by the IRMP.