



Sick Leave Manual

November 2017

OSSTF/FEESO Sick Leave Manual

The provisions for sick leave reside in the Central terms of collective agreements as Article C.9.00 in Teacher/Occasional Teacher contracts and as Article C.12.00 in Support Staff contracts.

Sick Leave Allocation

The sick leave provisions are designed to provide salary through the provision of sick leave days to Members who are absent due to personal illness, personal injury, for attendance at personal medical appointments, or for attendance at personal dental appointments.

Permanent Members are entitled to be paid at 100% of salary for 11 sick leave days and then paid at 90% of salary for an additional 120 days of short term sick leave.

Members in all term positions (including night school, summer school, and other Continuing Education assignments) will receive sick leave days pro-rated on the basis of the length of the assignment compared to 194 days.

All days are to be assigned at the start of the work year or term assignment. The full allocation is provided on the first work day of the year even if the employee is absent on the first day of work due to a sickness or injury that was not an on-going issue from the last day of work in the previous work year.

If a new employee is hired after the start of the work year then the full 11/120 day allocation is provided on their first day of work regardless of the number of days remaining in the work year.

Where the length of the term assignment is not known in advance, a projected length must be determined at the start of the assignment in order for the appropriate allocation of sick leave days and short term sick leave days to occur. If a change is made to the length of the term or the FTE, an adjustment will be made to the allocation and applied retroactively.

A term employee who works more than one term assignment in the same school year may carry forward sick leave days and short term sick leave days from one assignment to the next provided the assignments occur in the same school year.

Part-time members also receive a pro-rated allocation. However each Member who is working every day of a full school/work year is entitled to 11 occurrences of sick leave at 100% pay.

Medical Documentation

The employer may require medical confirmation of illness or injury in the form of a medical note or using the Functional Abilities Form (attached) to substantiate access to sick leave or short term sick leave as per the Local terms of collective agreements. No other FAF may be substituted by the employer unless negotiated locally.

An employer may also require information on a Member's limitations, restrictions and disability related needs in order to address workplace accommodation. Only the FAF (attached) may be used for this purpose unless an alternative has been negotiated locally. At no time shall the employer or any of its agents contact the medical practitioner directly.

Sick Leave Deductions

A full sick leave credit will be deducted from the 11 sick leave days for a full day absence and a partial sick leave credit will be deducted for a partial day

- Ex. 0.5 day credit deducted for 0.5 day absence.
0.25 day credit deducted for 0.25 day absence

Different employers use a variety of fractions (0.5, 0.25, 0.33) to define absence for part of a work day. Past practices should continue unless there is mutual agreement to a new process.

Fully Absent Into the Next School Year

Where a Member is accessing sick leave, short term sick leave, WSIB or LTD in a school year and the absence due to the same illness or injury continues into the following school year, the Member will continue to access any unused sick leave days or short term sick leave days from the previous school year's allocation.

Refresh

Access to a new allocation for a recurrence of the same illness or injury will not be provided until the Member has worked eleven (11) consecutive days at his/her full FTE without absence due to the same illness.

Absence for a different illness or accessing other paid leaves (ex. Bereavement leave) during this refresh period shall extend but not reset the period.

Partial Return To Work Into the Next School Year

Where a Member is on sick leave, short term sick leave, WSIB, or LTD in the current school year as a result of an absence due to the same illness or injury that continued from the previous school year and has returned to work at less than his/her FTE, the Member will continue to access any unused sick leave days or short term sick leave days from the previous school year's allocation for the unworked part of the day in the return to work.

Any absences for the worked part of the day in the return to work shall be without any loss of pay and the previous sick leave allocation shall not be used to maintain this pay.

A new pro-rated sick leave allocation will be provided once the member exhausts their previous sick leave allocation during the unworked part of the day. Any previous absences during the worked part of the day will be deducted from this new allocation.

In essence this means that there are two banks of sick leave: the bank from the previous allocation for the unworked part of the day and a bank from the new allocation for the worked part of the day.

The new allocation is provided with no requirement to complete any consecutive illness-free working days.

Short-Term Leave and Disability Plan Top-Up (STLDPT)

For Member absences that extend beyond the eleven (11) sick leave days, Members will have access to a sick leave top up for the purpose of topping up salary from 90% to 100%. The size of the top up will vary from Member to Member and is dependent on the individual's sick leave usage the previous year.

The top up is calculated as:

Eleven (11) sick leave days less the number of sick leave days used in the prior year = number of top-up days.

Each of these top up days can be used to top up ten (10) short term sick leave days from 90% pay to 100% pay.

A fractional day of top-up can be used to top up a fractional day of sick leave

If a Member has been absent from work for the previous school year due to approved leaves other than sick leave (i.e. Maternity Leave, Deferred Salary Leave, etc.), the STDLP Top-Up shall be based on the attendance during the last year worked.

Compassionate Leave Top-Up

In addition to the top-up bank, top-up for compassionate reasons may be considered at the discretion of the employer on a case by case basis. The top-up will not exceed two (2) days and is dependent on having two (2) unused Short Term Paid Leave Days in the current year. These days can be used to top-up salary under the STLDP.

APPENDIX B – ABILITIES FORM

<i>Employee Group:</i>	<i>Requested By:</i>
<i>WSIB Claim:</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>WSIB Claim Number:</i>

To the Employee: The purpose for this form is to provide the Board with information to assess whether you are able to perform the essential duties of your position, and understand your restrictions and/or limitations to assess workplace accommodation if necessary.

Employee's Consent: I authorize the Health Professional involved with my treatment to provide to my employer this form when complete. This form contains information about any medical limitations/restrictions affecting my ability to return to work or perform my assigned duties.

Employee Name: <i>(Please print)</i>	Employee Signature:
Employee ID:	Telephone No:
Employee Address:	Work Location:

1. Health Care Professional: The following information should be completed by the Health Care Professional

Please check one:

Patient is capable of returning to work with no restrictions.

Patient is capable of returning to work with restrictions. **Complete section 2 (A & B) & 3**

I have reviewed sections 2 (A & B) and have determined that the Patient is totally disabled and is unable to return to work at this time.
Complete sections 3 and 4. Should the absence continue, updated medical information will next be requested after the date of the follow up appointment indicated in section 4.

First Day of Absence: _____	General Nature of Illness (<i>please do not include diagnosis</i>): _____
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Date of Assessment:
dd mm yyyy

2A: Health Care Professional to complete. Please outline your patient's abilities and/or restrictions based on your objective medical findings.

PHYSICAL (if applicable)

Walking: <input type="checkbox"/> Full Abilities <input type="checkbox"/> Up to 100 metres <input type="checkbox"/> 100 - 200 metres <input type="checkbox"/> Other (<i>please specify</i>):	Standing: <input type="checkbox"/> Full Abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15 - 30 minutes <input type="checkbox"/> Other (<i>please specify</i>):	Sitting: <input type="checkbox"/> Full Abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes - 1 hour <input type="checkbox"/> Other (<i>please specify</i>):	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 (<i>please specify</i>):								
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 (<i>please specify</i>):	Stair Climbing: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 6 - 12 steps <input type="checkbox"/> Other (<i>please specify</i>):	<input type="checkbox"/> Use of hand(s): <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Left Hand</td> <td style="width:50%; border: none;">Right Hand</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Gripping</td> <td style="border: none;"><input type="checkbox"/> Gripping</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Pinching</td> <td style="border: none;"><input type="checkbox"/> Pinching</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other (<i>please specify</i>):</td> <td style="border: none;"><input type="checkbox"/> Other (<i>please specify</i>):</td> </tr> </table>		Left Hand	Right Hand	<input type="checkbox"/> Gripping	<input type="checkbox"/> Gripping	<input type="checkbox"/> Pinching	<input type="checkbox"/> Pinching	<input type="checkbox"/> Other (<i>please specify</i>):	<input type="checkbox"/> Other (<i>please specify</i>):
Left Hand	Right Hand										
<input type="checkbox"/> Gripping	<input type="checkbox"/> Gripping										
<input type="checkbox"/> Pinching	<input type="checkbox"/> Pinching										
<input type="checkbox"/> Other (<i>please specify</i>):	<input type="checkbox"/> Other (<i>please specify</i>):										

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<input type="checkbox"/> Bending/twisting repetitive movement of (<i>please specify</i>):	<input type="checkbox"/> Work at or above shoulder activity:	<input type="checkbox"/> Chemical exposure to:	Travel to Work: Ability to use public transit <hr/> Ability to drive car	<input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> <input type="checkbox"/> Yes <input type="checkbox"/> No
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2B: COGNITIVE (please complete all that is applicable)

Attention and Concentration: <input type="checkbox"/> Full Abilities <input type="checkbox"/> Limited Abilities <input type="checkbox"/> Comments:	Following Directions: <input type="checkbox"/> Full Abilities <input type="checkbox"/> Limited Abilities <input type="checkbox"/> Comments:	Decision-Making/Supervision: <input type="checkbox"/> Full Abilities <input type="checkbox"/> Limited Abilities <input type="checkbox"/> Comments:	Multi-Tasking: <input type="checkbox"/> Full Abilities <input type="checkbox"/> Limited Abilities <input type="checkbox"/> Comments:
Ability to Organize: <input type="checkbox"/> Full Abilities <input type="checkbox"/> Limited Abilities <input type="checkbox"/> Comments:	Memory: <input type="checkbox"/> Full Abilities <input type="checkbox"/> Limited Abilities <input type="checkbox"/> Comments:	Social Interaction: <input type="checkbox"/> Full Abilities <input type="checkbox"/> Limited Abilities <input type="checkbox"/> Comments:	Communication: <input type="checkbox"/> Full Abilities <input type="checkbox"/> Limited Abilities <input type="checkbox"/> Comments:

Please identify the assessment tool(s) used to determine the above abilities (*Examples: Lifting tests, grip strength tests, Anxiety Inventories, Self-Reporting, etc.*)

Additional comments on **Limitations (not able to do) and/or Restrictions (should/must not do) for all medical conditions:**

3: Health Care Professional to complete.

From the date of this assessment, the above will apply for approximately: <input type="checkbox"/> 6-10 days <input type="checkbox"/> 11- 15 days <input type="checkbox"/> 16- 25 days <input type="checkbox"/> 26 + days	Have you discussed return to work with your patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
Recommendations for work hours and start date (if applicable): <input type="checkbox"/> Regular full time hours <input type="checkbox"/> Modified hours <input type="checkbox"/> Graduated hours	Start Date: dd mm yyyy
Is patient on an active treatment plan?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a referral to another Health Care Professional been made? <input type="checkbox"/> Yes (optional - please specify): _____ <input type="checkbox"/> No	
If a referral has been made, will you continue to be the patient's primary Health Care Provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4: Recommended date of next appointment to review Abilities and/or Restrictions: dd mm yyyy	

Completing Health Care Professional Name: (Please Print)	_____
Date:	_____
Telephone Number:	_____
Fax Number:	_____
Signature:	_____