INSERT ORGANISATION / LOGO

**ABSENCE MANAGEMENT POLICY**

(INSERT ORGANISATION NAME) aims to be an organisation that values, recognises and responds to the diverse needs of members and those we serve. We adhere to the Equality Act 2010 and will not discriminate against any person or other organisation with particular reference to the protected characteristics.

1. **Purpose and Scope**

(INSERT ORGANISATION NAME) is committed to the health and wellbeing of its employees. This policy sets out the steps which are to be taken when employees are absent for short or long-term sickness, unusual or unauthorised absences. Our aim is to reduce these types of absence.

1. **Definitions**

**2.1** Short term absence – periods of up to four weeks' absence from work due to sickness.

**2.2** Long term absence – periods of more than four weeks' continuous absence from work due to sickness

**2.3** Unauthorised absence – periods of absence from work during which the employee has not complied with (INSERT ORGANISATION NAME) sickness absence reporting procedures or; where such absence does not genuinely relate to sickness or injury and where no other prior authorisation for the absence has been given.

**2.4** Carer's Duties – absence for emergencies concerning the care of children or close relatives.

**2.5** Compassionate Leave – absence for emergency situations concerning dependants. For example; sudden illness of your partner or child, unexpected incident concerning your child at school, death of a dependent etc.

**2.6** Jury service – absence to serve on a jury following receipt of a ‘jury summons’.

**2.7** Maternity, paternity, parental and adoption leave – absence for mothers and fathers.

Public Duties – absence for the following services: Justice of the Peace, a member of a Local Authority, a member of a Statutory Tribunal, a member of a Regional Health Authority or Patient Forum, a member of the managing and governing body of an educational establishment maintained by the Local Education Authority.

1. **Absence reporting**

Return to work discussion

Absence > 7 days, requires Doctor's Fit Note

Absence > 1 day, stay in contact

Contact your manager

Contact Office reception

**3.1** You must contact (INSERT ORGANISATION NAME) during normal working hours, as soon as you know you are unable to attend work.

**3.2** You must then contact your manager stating the nature of your absence, your expected date of return and to discuss your workload in order to minimise the impact of your absence. (INSERT ORGANISATION NAME) expects you to give notification within one hour of your normal starting time, or if this is not practical, as soon as possible after this time.

**3.3** You should make contact yourself, unless you are unable to due to the nature of your illness. If you are unable to make contact yourself, you should ask someone else to do so on your behalf.

**3.4** If you do not notify (INSERT ORGANISATION NAME) of the reason for your absence; your doctor's Statement of Fitness to Work (also known as a 'fit note' or previously as a 'sick note') has expired or if the organisation has reasonable grounds to suspect your leave is unapproved, the unauthorised absence process will be followed.

**3.5** If your absence is going to last more than one day, you must maintain contact within timeframes agreed with your manager and confirm a likely date of return as soon as it is known.

**3.6** If your absence is going to last more than one day, you must complete a self-certification form (see attachment 1). This should be signed by you and given to your manager on the first day you return to work. It is the manager's responsibility to log the form with the Payroll Manager so that all absence can be recorded.

**3.7** All absences of more than seven consecutive days require you to provide a doctor's Statement of Fitness for Work to cover the period exceeding seven days of absence, irrespective of whether you were scheduled to work.

**3.8** Doctors' fit notes should be given to your manager within seven days of the date the fit note became due.

**3.9** Your manager may request a return to work discussion for all sickness or unauthorised absences upon your return to work. This discussion should cover the following items: as certain whether the employee is fit to return to work, agree any actions required to facilitate the employee's return to work, ensure the proper certificates have been completed / obtained in respect of the entire period of absence; the manager will provide a departmental update and ensure that any agreed adjustments to work have been made.

1. **Long term absence**

If your absence exceeds four consecutive weeks, your manager will notify your Payroll Manager, who will keep a record of any absence. Your manager will review the need to reallocate your work.

Each case of long term absence is likely to be different and will be reviewed on an individual basis.

The following guidelines will be followed:

**4.1** You should maintain regular contact within timeframes agreed with your manager, until a return to work date is agreed.

**4.2** (INSERT ORGANISATION NAME) may request that you sign a medical consent form if more information regarding your condition is required. This form authorises (INSERT ORGANISATION NAME) to obtain a medical report from your doctor (see attachment 2). In some cases you may be asked to attend a medical examination with an independent specialist.

**4.3** If appropriate, (INSERT ORGANISATION NAME) will request a home visit with you to understand your situation more fully and answer any questions that you may have

**4.4** Your manager will advise you of your sick pay entitlement prior to the expiry of Enhanced Sick Pay (see section 7).

Every effort will be made to assist with your return to work, as soon as is reasonably practicable, recognising any potential limitations.

Reasonable adjustments to accommodate your return to work will be discussed with you. Once agreed, this will be confirmed to you in writing.

If you are unable to return to work within a reasonable period of time, a formal meeting will be held between your manager, the Chief Executive's nominee and yourself, to investigate and discuss the next course of action.

1. **Unauthorised absence**

If you fail to follow the correct absence reporting procedures on your first day, your manager will attempt to contact you to discuss your reasons for the absence and a return to work date.

If you do not notify your absence by the end of your normal working hours, or cannot provide a doctor's fit note for that period, you may not qualify for Enhanced Sick Pay.

Unauthorised absence may result in disciplinary action.

1. **Absence Monitoring and Management**

All absence will be monitored considering the duration, pattern and frequency, taking into account personal circumstances with each individual case. Absence records are to be maintained confidentially by the Payroll Manager.

Once you have been absent for four or more occasions in any year (Your yearly dates e.g..1st April to 31st March), you will meet with your manager to discuss the reasons for your absence, and in certain circumstances this may lead to disciplinary action.

1. **Sick Pay and Benefits**

In cases of absence through sickness or injury for up to three days, normal salary will be paid.

Qualifying days for Enhanced Sick Pay will be Monday to Friday of each week.

Enhanced sick pay will be paid at the discretion of the organisation and will not be unreasonably withheld. To qualify for enhanced sick pay you must have complied with the above absence reporting requirements. After the appropriate period of sick leave expires, the employee will not be entitled to receive further sick pay from (INSERT ORGANISATION NAME).

|  |  |
| --- | --- |
| **Length of service** | **Enhanced Sick Pay Entitlement** |
| 0-6 months | No entitlement except in exceptional circumstances agreed by the Board of Trustees |
| 6 months to 1 year | 1 months' full pay and 2 months' half pay |
| 1 year to 2 years | 2 months' full pay and 2 months' half pay |
| 2 years to 3 years | 4 months' full pay and 4 months' half pay |
| 3 years to 5 years | 5 months' full pay and 5 months' half pay |
| More than 5 years | 6 months' full pay and 6 months' half pay |

Contractual annual leave will continue to accrue for up to 26 weeks during periods of sickness absence.

1. **Other absence**

**Carer's Duties**: At the discretion of the Chief Executive, employees may be allowed to take time from their annual leave allowance at short notice for emergencies concerning the care of children or close relatives. Longer periods of absence for care, taken without pay, may also be considered.

**Compassionate Leave**:At the discretion of the Chief Executive, employees may be allowed to take time from their annual leave allowancefor emergency situations concerning dependants. In the case of a death of an immediate family member (parent, child, sibling) the Chief Executive may use their discretion to agree paid leave for a determined period.

**Jury Service**: Any employee called for jury service should inform their manager as soon as possible to discuss potential redistribution of workload. Employees will receive full pay for the full period of jury service, less any allowances available from the Court.

**Maternity, paternity, parental and adoption leave**:are all covered in separate policy documents available from your manager.

**Public Duties**: (INSERT ORGANISATION NAME) will permit time off work to be taken for public duties as set out under the Employment Rights Act. This applies to an employee who is a Justice of the Peace, a member of a Local Authority, a member of a Statutory Tribunal, a member of a Regional Health Authority or Patient Forum, a member of the managing and governing body of an educational establishment maintained by the Local Education Authority.

1. **Monitoring and review**

The senior management team, with adequate consultation of the Board of Trustees, will regularly review the operation of this policy.

**DISCLAIMER**

**This good practice model policy is produced by Warrington Voluntary Action for you to adapt to suit the needs of your organisation. Please note that we do not accept any liability for how it is used.**

**Attachment 1: Self-certification form**

1. Fill out this form for all sickness absence of seven calendar days or fewer.
2. For periods of sickness lasting more than seven calendar days, please provide a doctor’s certificate.
3. This form must be completed on the day you return to work and then passed to your line manager.
4. Line managers to sign and send to the Payroll Manager for filing in the employee's HR records.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Date** |  |
| **Job Title** |  | **Payroll No** |  |
| **A** |  | **Total working days off** |  |
| **Date and Time illness began** |  | **Date fit for work** |  |
| **First notification to** |  | **Notification Date** |  |
| **B** | **C** | **Yes** | **No** |
| **Reason for absence**  | **Did you attend hospital?** |  |  |
|  | **Clinic** |  |  |
| **Your Doctor** |  |  |
| **Please describe symptoms** | **Did you receive medication from:** |
|  | **Your doctor** |  |  |
| **Other** |  |  |
| **Give details of accident** | **If you are still away from work due to illness when are you likely to be fit for work?** |
|  |
| **Date** |  |
| I understand that if I provide inaccurate or false information about my absence it may, depending on the circumstances, be treated as gross misconduct and result in my summary dismissal from organisations name  |
| Signature |  | Date  |  |
| Manager’s remarks (including date of return if known): |
| Signature |  | Date |  |

**Attachment 2: Medical Consent Form**

**REQUEST FOR MEDICAL INFORMATION UNDER THE ACCESS TO MEDICAL REPORTS ACT 1988**

**Your rights**

1. Before we can apply to your GP for the report, we need your consent. Before giving consent, you should be aware of your rights under the Data Protection Act (Access To Medical Reports). These are:
2. you can withhold your consent to a medical report being asked for.
3. you can see the report before it is sent to us. Where you do this, the report cannot be sent to us without your consent.
4. you can ask the doctor to amend any part of the report, which you consider to be incorrect or misleading. If your doctor does not agree you may ask the doctor to attach to the report a statement of your views.
5. the doctor does not have to let you see any part of a report which in his/her opinion would be likely:
* to cause serious harm to the physical or mental health of you or others;
* to indicate the doctors’ intentions with respect to you;
* that disclosure would probably reveal information about the identity of another person who has supplied information about you (unless that person has consented) or the information relates to or has been supplied by another health professional involved in your case.
1. In such cases, the doctor must notify you and you will be limited to seeing any remaining part of the report which is not affected.
2. You can also ask the doctor to see a report within six months after it was sent to us
3. You will be reimbursed or the doctor directly for the reasonable cost of the report.

**Consent for employee to complete and return to employer**

To: GP details

Name: Dr .................................................................

Address: ..................................................................................... post code: .........................

I consent to my employer, BVS, being given a full medical report by the above GP on the present state of my health. I have been informed of my rights under the Access to Medical Reports Act 1988.

**Delete as appropriate:**

* I wish to see the report before it is sent to my employer
* I do not wish to see the report before it is sent to my employer
* I require / do not require a copy of the report at the same time or immediately after it is sent to my employer

Name: .................................................................

Address: ................................................................................................................................

Signed: .................................................................

Date: .................................................................