Sickness Absence Policy

1. **Purpose**
The purpose of this Sickness Absence Policy is to ensure all employees are aware of the notification process and sick pay arrangements when away from work due to ill-health.

2. **Scope**
All employees.

3. **Policy Statement**
It is recognised that from time to time staff may be unable to attend work because of ill-health. This document sets out the procedure to be followed by all staff and the entitlement to sick pay in the event of such absences.

4. **Notification of Absence**
   1. If you are unable to attend work because of sickness or injury you must notify your line manager by telephone of the reason as soon as possible on the first day of absence and ideally, within one hour of your normal start time.
   2. Notification can be by you or by someone on your behalf.
   3. You must maintain regular contact with your line manager on any subsequent days of absence.
   4. If you are absent for more than seven days you must get a doctor’s certificate for the entire period of absence and send this to your line manager.
   5. The company may, at its discretion, request a doctor’s certificate for periods of absence of less than seven days. Any cost of getting a certificate in these circumstances will be reimbursed by the company.
   6. For long or frequent periods of absence the company may require you to be examined by the company’s medical adviser.

5. **Returning to work**
On your return to work you must report to your line manager who will interview you.

   If you return to work within seven calendar days you must complete a self-certification form, which is available from your line manager, on your first day back. Please refer to Appendix i.

6. **Sickness Pay**
The Company will pay you sick pay, provided you comply with the notification arrangements, according to the Company policy.

7. **Withholding Sickness Pay**
The Company may withhold sickness pay if:

   - You do not comply with the Company's requirements for the notification of sickness absence
   - You refuse a reasonable request to undertake a medical examination at the company's request
   - You work for another employer during your period of sickness absence, in which case the Company will also take disciplinary action.

Disclaimer: While we make every effort to ensure that the contents of this document are accurate the advice given should not be relied upon as a definitive legal statement.
8. **Accident at Work**
   Any accident at work must be reported to your line manager as soon as possible, and an accident report completed.

9. **Sickness Absence and Annual Leave**
   If you fall sick while on annual leave and you produce a self-certificate or doctor’s certificate relating to the period of sickness, the company will treat this as sick leave and not annual leave.

10. **Long Term Sick Leave**
    If you are on long-term sick leave, which is a period of X (typically 4-6 weeks) weeks or more, you must keep your manager informed of your progress on a weekly basis. You must produce medical certificates to cover the absence.

11. **Benefits**
    All the benefits to which you are entitled will continue to be paid during your period of sickness absence and your annual leave entitlement will continue to accrue during this period.

12. **Frequent or Prolonged Absence**
    The company reserves the right to terminate your employment because of frequent or prolonged absences.
Appendix i

Example - Self-certification form

This form must be completed after any absence from work because of sickness or injury. It must be completed on the first day back.

If you have been away for more than seven consecutive days you will need a medical certificate. Failure to produce one could result in loss of sick pay.

Name _________________________________________________

Job title ___________________________________________

Date of first day of absence _______________________________

Date of last day of absence _______________________________

Reason for absence (please state as precisely as possible the nature of the illness or injury)

_______________________________________________________

_______________________________________________________

_______________________________________________________

Did you visit your doctor or a hospital during your absence?          Yes/No

I confirm that the above details are correct and that I have not worked during my period of absence.

Signed _____________________________

Date           ______________________________

Manager’s statement

To be completed by your line manager

I confirm that the above information is correct

Signed _____________________________ Date_____________________

Position ________________________________________________