

STATEMENT OF POLICY AND PROCEDURE			
Section:	NLLS Employee(s)	Effective:	May 13 2017
Chapter:	Conditions of Employment	Page(s):	3
Subject:	Sick/Personal Days and Short Term Disability	Revised Date:	Sept 21, 2019
			Sec 1, 1M Appendix G/H/I
		Reviewed:	July 10, 2019

SICK/PERSONAL DAYS

1. Permanent full-time employees with three (3) months service shall be allowed eighteen (18) days sick/personal days with pay each calendar year.
2. Any unused portion shall not be carried over to the next year.
3. Permanent and temporary employees with less than three (3) months service shall be allowed to draw sick/personal days to the extent that such leave has accumulated on a month-to-month basis at a rate of 1.5 days per month.
4. Any employee absent because of sickness should inform the immediate supervisor within the hour they are to report for duty.
5. A medical certificate is required for any sick leave beyond three (3) days.
6. Sick/personal days can be used for illness of an immediate family member of the employee and is charged against sick/personal day credits available to the employee.
7. Management may request a medical professional note if misuse of this policy is suspected.
8. Each employee is entitled to a leave of absence with full pay for medical, dental and mental wellness appointments falling on a regular working day following notification of their supervisor. This time is to be deducted from accumulated sick/personal leave.
9. An employee is expected to inform their supervisor with a minimum of twenty-four (24) hours (unless emergency) of any medical, dental and mental wellness appointments they have made.
10. Appendix G - Return to Work Commitment
11. Appendix H - Return to Work Letter
12. Appendix I – Functional Abilities Form

SHORT TERM DISABILITY/SICK PAY BENEFITS - (When not using Extended Health Plan program)

1. Employees who have completed three (3) months of continuous employment with NLLS and who suffer a non-occupational illness or injury which causes an absence from work may become entitled to receive short term disability/sick pay benefits up to a maximum, period of fifteen (15) weeks commencing on the date of disability.
2. Short term disability/sick pay benefits are shown in Table below and are calculated as:
 - One (1) week of regular base pay for each year of continuous employment with NLLS reducing to;
 - i. Sixty (60) % thereafter until the maximum benefit period of fifteen (15) week is reached.
 - Short term disability/sick pay benefits are NOT paid if;
 - i. The employee is not under the care of a licensed physician
 - ii. The illness or injury:
 - Is covered by Workers Compensation
 - Is intentionally self-inflicted
 - Results from war, service in the armed forces, or participation in a riot or disorderly conduct
 - Results from the commission of criminal offences
 - Occurs during a leave of absence
 - Results from the use of drugs or alcohol and the employee is not receiving continuing treatment for such use or is not compliant with medically-recommended treatment
 - iii. The employee is
 - Engaged in employment outside of NLLS for a wage or profit
 - iii. Not eligible for EI payments by reason of not being in Canada
 - Already receiving pay from NLLS for another reason during the period of illness or injury, such as vacation
 - Not compliant with medically-recommend treatment or fails to cooperate in providing medical information to NLLS, including participation in independent evaluation by medical and para-medical professional
 - Absent from work because of cosmetic plastic surgery, except where surgery is attributable to an illness or injury
3. Short term disability/sick pay benefits commence on the first day of absence provided that within seven (7) days of the first day of absence, the employee provided a certificate to NLLS that they are under the active care of a licensed health practitioner. Benefits are not paid beyond seven (7) days unless such a certificate is provided to NLLS.

4. An appropriate medical certificate must indicate that the employee is under the active care of a licensed health practitioner and indicate an estimated or expected return-to-work date. The employee is required to comply with medical advice. If the required medical certificate is not received within the time limits, benefits payable under this policy will be discontinued until such a certificate is provided to the department manager or Executive Director.
5. Employee and management shall work together on a return to work schedule based on medical professional recommendations.
6. In consultation with the employee, the Executive Director will make a recommendation to accommodate the appropriate leave or benefits are used to suit the employee's circumstances based on the table below.

TABLE A		
SCHEDULE OF SHORT TERM DISABILITY/SICK PAY BENEFITS		
Length of Continuous Service	Regular Pay (100%)	Reduced pay (60%)
3 months but less than 2 years	1 week	14 weeks
2 years but less than 3 years	2 weeks	13 weeks
3 years but less than 4 years	3 weeks	12 weeks
4 years but less than 5 years	4 weeks	11 weeks
5 years but less than 6 years	5 weeks	10 weeks
6 years but less than 7 years	6 weeks	9 weeks
7 years but less than 8 years	7 weeks	8 weeks
8 years but less than 9 years	8 weeks	7 weeks
9 years but less than 10 years	9 weeks	6 weeks
10 years but less than 11 years	10 weeks	5 weeks
11 years but less than 12 years	11 weeks	4 weeks
12 years but less than 13 years	12 weeks	3 weeks
13 years but less than 14 years	13 weeks	2 weeks
14 years but less than 15 years	14 weeks	1 weeks
15 years or more	15 weeks	0 weeks
Note that benefits will not be paid for more than seven (7) days unless an appropriate medical certificate is provided as required by this policy.		



APPENDIX G – Return to Work

RETURN TO WORK – STATEMENT OF COMMITMENT

Northern Lights Library System (NLLS) is committed to the prevention of workplace injury and/or illness. In the event of injury or illness, NLLS is committed to minimizing the impact of the injury and ensuring a safe, timely return to the workplace. NLLS is committed to a workplace program that is designed to assist employees to Stay at Work or Return to Work safely and in a timely manner, to assist with treatment and recovery and reduce time away from the workplace.

The program is:

- voluntary
- respectful of all employees
- flexible
- specifically designed for each employee's abilities
- individualized, with programs planned and documented with time lines.

Safe and timely Return to Work recognizes that while an employee cannot perform the full range of regular duties, meaningful, productive work can be performed.

We are committed to the principles of the program, and will work cooperatively towards the successful, safe Return to Work for all employees of the company.

Employee

Date: _____

NLLS Representative

Date: _____



Northern Lights Library System
Human Resources Department

5615- 48 St, Postal Bag 8

Elk Point, AB T0A 1A0

780-724-2596 ext. 2110

APPENDIX H - RETURN TO WORK LETTER

Employee Name:

Title:

Address:

Date:

Dear _____,

We look forward to your return to work from your leave of absence. Please be advised that we require a doctor's note stating your date of return to work along with a completed Functional Abilities Form (included).

Please have your doctor complete the included form to provide clearance to return to work and to state any applicable work restrictions (such as modified duties, or hours of work).

All documentation must be received no later than one week prior to your expected return to work.

If you require any further information about your return to work, please contact the Executive Director or the Human Resources department.

Sincerely,

NLLS Representative

Date: _____

Functional Abilities Assessment Form

A Worker's Information (completed by RTW Coordinator or employee)

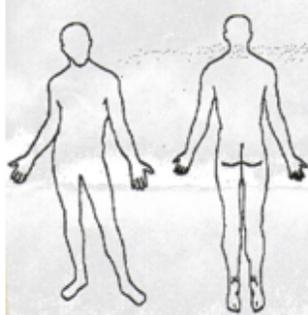
Employee's Surname []	First Name []	<input type="checkbox"/> Occupational <input type="checkbox"/> Non-Occupational	Date of Injury / Illness []	Unit []
Employee's Job Title []	RTW Coordinator Name: [] Tel. No. ([]) []-[]	Fax. No. ([]) []-[]	Today's Date []	

It is the intention to assist our employees to safely return to their regular duties as soon as medically practical. In doing so, we are able to offer the employee modified duties as a means to transition to their regular duties. The following will assist in this process.

B Assessment (Part B, C and D to be completed by attending physician)

Due to injury or illness this employee has:	<input type="checkbox"/> Normal functional Abilities (Fit for Regular Duties) <small>(No additional information needed, Please sign section E)</small>	<input type="checkbox"/> Reduced Functional Abilities <small>(Please complete Section C, D & sign section E)</small>
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C Functional Abilities: (If unable to test, please estimate)

Step 1 Please circle the appropriate letter(s) & Body area(s) to indicate the affected area(s)	Step 2 Please indicate Reduced abilities	Step 3 Please indicate extent of abilities			Comments
 <p>A Systemic or Non-Physical B Head (incl. Vision, hearing, speech) C Neck D Upper back, chest, upper abdomen E Lower Back F Lower abdomen G Shoulder or upper arm H Elbow or lower arm I Wrist or hand J Hip or upper leg K Knee or lower leg L Ankle or foot M Respiratory/Aerobic</p>	Walk	Maximum Duration (hours): 1 2 4 5+ Other <input type="checkbox"/> Short distances only <input type="checkbox"/> No walking			
	Stand	Maximum Duration (hours): 1 2 4 5+ Other			
	Sit	Maximum Duration (hours): 1 2 4 5+ Other			
	Lift/Carry	Occasionally	Weight (kg)	< 9kg - Specify	
	Floor - waist		21 16 9		
	Waist - shoulder		21 16 9		
	Above shoulder		21 16 9		
	Bend/Twist	Occasionally	Not at all	Specify	
	Neck				
	Back				
	Push/pull	Occasionally	Not at all	Specify	
	Moderate load				
	Light load				
	Climb	Occasionally	Not at all	Specify	
	Flight of stairs				
Few steps					
Reach	Occasionally	Not at all	Specify		
Above shoulder					
Below shoulder					
Use Hands For:	Occasionally	Not at all	Specify		
Writing	L R	L R			
Typing	L R	L R			
Fine manipulation	L R	L R			
Grasping	L R	L R			
Sensory	To See	To Hear	To Speak	To Maintain Balance	
Specify:					
Operate Equipment	Specify:				
Hours of Work	Specify: Normal hours or graduated RTW?				
Prescription medication	Will it affect ability to work/drive:				

Other Comments/Instructions (NO DIAGNOSIS OR TREATMENT):

D Normal functional abilities may resume in: 1-3 days 4-7 days 8-14 days Specify:

*Other: Employee is not medically fit for regular duties, will require periodic reassessments for effective rehabilitation. Scheduled reassessment date for:

This authorizes my attending physician to provide the information requested above to Northern Lights Library System

Employee's Signature:

Date:

E Physician's name & address:

Physician's Signature:

Physician's Telephone No:

Date: