



Sickness Absence Management Policy & Sick Leave Policy
Version 1.1

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1.1	N/A		Policy in line with new Circular Letter 12/2023 issued by Department of Public Expenditure NDP Delivery and Reform.

Approval

This document requires the following approvals:

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Quality Assurance

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Sickness Absence Management Policy & Sick Leave Policy (Revised May 2024)

1. Introduction

Dundalk Institute of Technology (hereinafter called “the Institute”) recognises that regular attendance is an essential part of the smooth running of the Institute and formally managing attendance can help reduce overall incidence of sickness absence.

This policy clarifies the roles and responsibilities of staff members, Heads of School/Departments/Function and Human Resources in the effective management of attendance. It also sets out how the Institute operates the Occupational Health Provider and how the Employee Assistance Programme assists the Institute in supporting staff wellbeing.

It is accepted that the vast majority of sickness absences are genuine and should be treated in a sympathetic manner. Through this policy and associated procedures, the Institute has put in place support arrangements for the management of sickness absence. The aim of the “Sickness Absence Management Policy and Procedures” is to:

- 1.1 Treat all staff consistently and fairly.
- 1.2 Maintain staff effectiveness and efficiency.
- 1.3 Help retain a trained and experienced workforce.
- 1.4 Advise managers and staff about the need to control sickness absences and their role in this process.
- 1.5 Advise on steps required of managers to deal with the difficulties arising from frequent and persistent absences.
- 1.6 Inform managers of the Institute’s arrangements for dealing with long-term health problems.
- 1.7 To clarify the role of the Occupational Health provider and the Employee Assistance Programme.
- 1.8 To clarify the role of individual staff members in the effective implementation of this policy.
- 1.9 Clarify the role of managers in relation to the welfare of their staff.

This policy should also be read in conjunction with the Institute’s Annual Leave Policy which can be found at www.dkit.ie .

2. Scope

This policy and procedures applies to all managers and staff within the Institute. Cases involving **addiction or substance abuse** may be dealt with separately in accordance with the Institute’s policy for such matters.

3. Definition of “Sickness Absence”

Sickness absence arises where:

- 3.1 Ill health makes a person unfit to work; and/or
- 3.2 A doctor advises an individual to stay away from work due to illness, convalescence, the possibility of having a contagious illness or otherwise in the interest of the health and safety of the individual concerned and/or other members of staff.

4. Type of Absence

4.1 Short-Term Absence

Short-term absence is any absence for a period of time of three (3) weeks or less. This type of absence does not normally have a set pattern and is usually caused by minor, in most cases, unconnected ailments.

4.2 Frequent and Persistent Absence

Frequent and persistent absence is defined where a staff member is absent due to sickness (certified or uncertified) comprising:

- (a) five occasions of absence (or more) in any 12-month rolling period; or
- (b) any patterns of absence (e.g., Mondays and Fridays, days immediately preceding or following a period of planned annual leave, bank holiday; or where there is a pattern of absence at the same time period each year).
- (c) Regular annual patterns of paid sick leave

4.3 Long Term Absence

Long term absence is any continuous certified absence for a period exceeding three (3) weeks.

4.4 Unauthorised Absence

This occurs when a staff member's absence:

- (a) is not supported by a doctor's note by due date where applicable (i.e., if a period of sick certificate continues to the third day, then a medical certificate must be provided to Human Resources);
- (b) has not been authorised by the appropriate level of management; or
- (c) has not been communicated to the Institute using the correct procedure.

Unauthorised absences will be addressed through the appropriate disciplinary procedures.

5. Medical Examination

The Institute may at any time request a staff member on sick leave or where it feels necessary to submit himself or herself to an Institute appointed doctor for an Occupational Health Assessment. This medical examination will be nominated and paid for by the Institute and the Institute shall be entitled to receive appropriate and relevant details of the results of such medicals.

6. Role of Occupational Health Provider

Where a staff member is referred for an Occupational Health Assessment, the provider will be asked

- To provide advice on any health-related matter which is affecting the staff member's work or the impact of work on the staff member's health.
- To advise about the staff member's fitness to undertake his/her full range of contracted duties and to make recommendations on measures to assist the staff member to return to work as quickly and safely as possible.
- To advise on the staff member's fitness to undertake modified or alternative duties, if possible and as appropriate.
- To advise Institute managers and individuals about any areas of support for health-related problems that may be affecting employment.

The services provided by the Occupational Health Provider include guidance covering the following:

- Workplace rehabilitation of employees on sick leave;
- Assessment of medical fitness for work;
- Ill-Health Retirement assessments;
- Statutory health surveillance;
- Advice on reasonable accommodation;
- Advice in relation to Critical Illness Protocol (CIP) criteria.

7. Referral to an Occupational Health Provider

7.1 Engagement with the Process

Where it is decided that a staff member should be referred to the Occupational Health Service (OHS), they are required to engage with the OHS unless medically unfit to do so. Failure to attend appointments without satisfactory explanation may result in the case being treated as a disciplinary matter. Payment for periods of sick leave is dependent on engaging with the OHS when a referral is made. Employees must also supply the OHS with any requested medical documentation as promptly as possible.

Where a staff member has an appointment to attend the OHS but returns to work in the meantime, Human Resources should inform the OHS. However, at the discretion of management or the OHS, an appointment may still be required.

7.2 Referrals to the OHS for Long-Term Sick Absences

Any staff member who has **four (4) weeks continuous or cumulative sick leave in a twelve (12) month rolling period** will be referred for an Occupational Health Assessment.

The purpose of this is to assist with workplace rehabilitation and is not a disciplinary measure. Absences attributed to work (e.g., work-related stress or workplace injury) **must be** referred after 14 days. Management has the right to refer such absences immediately, if considered appropriate or where the Institute deems it necessary to do so even where the employee is not on sick leave.

In such cases, the OHS will require full background information. Where an absence directly follows a period of long-term leave (e.g., maternity leave, career break) the staff member should be referred immediately to the OHS. In these cases, the OHS may decide to make an appointment to see the staff member, seek a medical report, or advise no intervention is necessary at that point. This decision is based on the background workplace information on the Case Referral Form. In all instances referrals should be initiated by the Human Resources Office using the Referral Form.

Where the OHS advises that a staff member is medically fit for work and that the staff member does not resume duty, they should not be re-referred to the OHS for advice on medical fitness unless they have developed a new medical condition or a significant change in their existing medical condition.

7.3 Referrals to the OHS for Short-Term Sick Absences.

Where a staff member has a pattern of short-term absence that has been identified as a matter of concern, they may be referred to the OHS as part of the overall management process. Specifically, the OHS may assist management by clarifying whether the treatment of any chronic medical condition has been optimised, and

assess whether any practicable work modification may help reduce absence. Line managers and Human Resources must be able to demonstrate proactive management measures in advance of making a referral, including holding at least one sick leave review meeting with the staff member and supplying the OHS with the outcome of same.

In addition, where the Institute has concerns regarding a staff member's fitness to work, the staff member may be referred for an Occupational Health Assessment.

7.4 Referral Procedures

All referrals to the OHS must be made using a Referral Form. It is essential that the staff member's details are up to date. Their current phone number and address must be verified prior to any referral or re-referral. OHS referrals can only be made by the Human Resources Office. There is no self-referral process by individual staff members.

The staff member must be advised in advance of the OHS referral and ordinarily be provided with a copy of the Referral Form. Please note that the OHS Referral Form is accessible under data access legislation. All relevant background workplace information must be provided, particularly where an absence is being attributed to workplace issues. In the case of re-referrals, background workplace information will need to be updated.

As referrals without workplace information are of limited value, referrals cannot be accepted without this. Applications for the Critical Illness Protocol (CIP) and Ill-Health Retirement (IHR) ordinarily should be made by the staff member to the Human Resources Office. If the applicant is deemed eligible by Human Resources to apply for CIP or IHR, the case is then referred to the OHS. The same procedures apply to appeals. There may be circumstances, e.g., after a prolonged absence, where the staff member must be assessed by the OHS prior to their return to work.

The outcome of any medical examination will be treated totally confidentially by the Institute. Failure by a staff member to co-operate with the Occupational Health Provider on the basis of a referral by the Institute may result in disciplinary action.

7.5 OHS Appointments and Reports

To avoid unnecessary expense, employees should only be asked to submit a medical report, as distinct from a medical cert, if the OHS has first requested one. Medical reports must be from the staff member's current treating medical doctor or consultant. Reports from doctors they are attending for report preparation or medico-legal purposes are not acceptable. Reports must be submitted in a timely manner, ordinarily within 2 weeks of the request to the OHS.

7.6 Difference of Opinion between OHS and Treating Doctor

Where there is a difference of opinion between the OHS's advice and a treating doctor's advice regarding medical fitness for work, it is for management in consultation with Human Resources to decide whether or not to grant support payments whilst on sick leave. Production of a medical cert does not imply an entitlement to paid or unpaid sick leave. The Institute will always accept the OHS opinion in these circumstances.

7.7 **Workplace Health and Work Issue Referrals**

Where absence and work performance issues arise that may be attributable to health issues, OHS referral for advice may be appropriate. The OHS has no role in issues relating to the location of work. It is for management following consultation with Health & Safety to determine the appropriate location of an employee's work including access to remote working, or what the limits of reasonable accommodations they can offer are, based on their business needs.

7.8 **Occupational Injury and Disease Referrals**

The provisions for Occupational Injury or Disease are set out in the relevant circulars. The role of the OHS is to determine only whether a certified sickness absence is linked to an occupational injury incident. It is for Institute local management to determine whether an occupational injury incident has occurred in the first instance. Full and comprehensive background workplace information is essential on these referrals

8. **Sickness Absence Reporting/General Procedures**

In the event of a staff member becoming unable to report for duty due to ill-health, the following procedures must be adhered to:

- 8.1 The staff member must notify his/her manager/supervisor **immediately** (having regard to any teaching timetables or responsibilities/meetings scheduled for that day) and not later than one hour before the staff member is due to commence duty and, in any event, not later than 10.00 a.m. on the first day of absence. Where Self-Certified Sick Leave is availed of this must be done on a daily basis by 10.00 a.m. for the duration of the Self-Certified Sick Leave. Where a sick certificate is submitted it will not be necessary to contact on a daily basis for the period covered by the certificate. However, the staff member must inform their manager by 10.00 a.m. on the morning of the first day of any extension of each period of sick leave.

CORE HR should be updated immediately by the School/Department/Function or Centre administration staff or the appropriate Technical staff concerned, on receipt of notification by phone, etc. of a staff member's absence on either Self-certified or Certified Sick Leave. Each School/Function/Centre will also forward a Notification of Sick Leave Absence Form (**Appendix 1**) for the staff member to complete. This Form will be forwarded to Human Resources after completion. It is not necessary to await completion of the Absence Form before updating CORE HR with the absence concerned.

- 8.2 The staff member concerned should personally report his/her absence to his/her manager or through some other agreed arrangement e.g., a School/ Function/Centre Offices if this is not possible. A message left on voice-mail, text or with junior colleagues is not acceptable.

Notification must include:

- (a) the general nature of the illness;
- (c) an indication of when the staff member expects to be fit to return to work.

- 8.3 Staff members must also contact their manager and/or School/Function/Centre Offices prior to their return to work after their medical practitioner has declared them medically fit to do so. A message left on voice-mail, text or with junior colleagues is not acceptable.

9. Managers' Responsibilities

All managers are responsible for absence management including the maintenance of records of absences. Managers must ensure staff have been issued with and understand the Sickness Absence Management Policy and Procedures on joining the School/ Department/ Function/ Centre. Managers should also have regard to the following:

9.1 Medical Certificates

Staff must furnish weekly doctors' notes, for illnesses over two (2) days, and monthly doctors' notes for long term sickness absence to the Human Resources Office as soon as possible, but not later than one week after the absence commences. If a period of sick leave extends from Friday to Monday inclusive, a medical certificate must be provided.

The medical certificate must be signed and must state the medical practitioner's Medical Council registration number. Medical certificates must be from a doctor registered with either Irish Medical Council or the UK General Medical Council.

In general, medical certificates should not cover periods of longer than one week, but may be accepted for longer periods at the discretion of the HR Office. Certification may be provided for up to 7 days by a dental practitioner registered with the Irish or UK Dental Council.

It is preferable that the medical practitioner provides the exact diagnosis so that in the event of OHS referral, the OHS medical staff can then better decide whether a telephone or face-to-face appointment is necessary. However, an employee cannot be compelled to provide personal medical details.

9.2 Maintenance of Records

Each School/ Department/ Function/ Centre is advised that all Self-Certified Sick Leave records are maintained on CORE HR and to remind staff on a regular basis of the maximum number of Self-Certified Sick Leave days which may be permitted. Each School/ Department/ Function/ Centre should also consult with CORE HR on a consistent basis and at least once per month for each staff member in order to ascertain staff members' usage of Self-certified and Certified Sick Leave. Where a staff member is nearing the maximum permitted number of Self-Certified Sick Leave, the Human Resources Office will advise the staff member of the situation in writing. Managers should also discuss the level of Self-Certified Sick Leave days with the individual concerned.

9.3 Return to Work

Managers must acknowledge after any period of absence, a staff member's return to work, even if it was just one day. In many cases, this will be no more than a courteous enquiry as to whether the staff member is now well, and this may take place over the phone. In some cases, this may be delegated to another manager or supervisor as appropriate.

Managers must also inform staff that they must submit a 'Fit to Resume' doctor's note to the Human Resources Office by the resumption date, following long term sickness absence. The staff member must also contact the manager in advance of returning to work. Unless a 'Fit to Resume' note is produced, the staff member, depending on the

nature of the work and the reason for the absence, may be given up to a week to produce the note and/or not allowed to resume work until the note is produced.

In any instance, where a staff member is requesting a partial return to work, they must notify Human Resources Office without delay who will then correspond with the staff member concerned.

9.4 **Rehabilitation**

Employees should not return to work unless they are fit to do so. In the event that an employee wishes to return to work before the end date of their medical cert, a revised cert should be requested from their doctor and submitted in line with the usual guidelines. Where there is any doubt regarding an employee's fitness for duty, the OHS can be consulted by HR where necessary. To support those returning to work after an extended absence, the following may be considered during the transitional period:

- i. A phased/gradual return to work over a short period of time;
- ii. Temporary alteration, restriction or limitation of certain tasks;
- iii. Re-orientation, re-training, mentoring, supervision;
- iv. Temporary reassignment to other duties;
- v. Temporary reassignment of workload.

Where appropriate, consideration should be given to longer-term reasonable accommodations.

There will be no financial loss to an employee in circumstances where the employee has fully engaged with the process around the management of sick leave and their own consultant has certified fitness to return to work, but the employee has not been able to return to work because there is delay in the employer referring the employee to the OHS, or a delay in being seen by the OHS. Pay will be restored appropriately.

9.5 Inform staff paying Class A Social Insurance contributions of the procedures for claiming illness/injury benefit payment which are set out at section 11 below.

9.6 Treat all staff consistently.

10. **Staff Responsibilities**

10.1 Staff are required to attend work regularly and to give effective service. Failure to do so is a breach of their terms and conditions of employment.

10.2 Staff must adhere to absence reporting procedures.

10.3 Staff must submit a doctor's note for absences **exceeding two days** to the Human Resources Office.

10.4 Staff paying Class A Social Insurance contributions must discharge their responsibilities in respect of Managing Illness/Injury Benefit. Please refer to Section 11 below re "Procedures for claiming illness/injury benefit payment".

- 10.5 Staff must submit a 'Fit to Resume' doctor's note to the Human Resources Office by the resumption date, following long term sickness absence.
- 10.6 Staff are expected to see/speak with their manager (or designated person) on return from sick leave and ensure the HR Office are aware of the date of return.
- 10.7 Staff are not permitted to proceed on Annual Leave immediately following a period of Sick Leave (Self-certified or Certified).
- 10.8 It is the responsibility of each staff member to also check their own balances in relation to Self-certified and Certified Sick leave on CORE HR through ESS.

11. Managing Illness/Injury Benefit (applies to staff paying Class A social insurance contributions)

Note: Only PRSI Classes A, E, H and P count towards Illness Benefit. D Class PRSI is NOT entitled to any illness benefit from the Department of Social Protection.

- 11.1 Illness benefits are gratuated according to earnings in the relevant tax year. The current earnings band can be found on the Department of Social Protection website (www.welfare.ie)
- 11.2 For sickness absences of more than three days, the staff member should request their doctor to complete page 1 (of Part 1) of the **Form MC1 'First Certificate of Incapacity'**. This is the initial claim for Illness / Injury Benefit and may only be obtained from your GP. A GP's Sick Certificate should also be submitted in order for Human Resources to determine the GP practice concerned. The staff member should complete all relevant parts **including their own bank details** and forward completed Form to your local Social Welfare Office or by post to Social Welfare Service, PO Box 1650, Dublin 1.
- 11.3 For each subsequent week of sickness absence, the staff member should send a completed **Form MC2, 'Intermediate Certificate of Incapacity for Work'** as above to Social Welfare and a copy to Human Resources. The staff member and doctor should have each completed those parts of Page 1 of this form, relevant to them. Incomplete forms will be returned from the Social Welfare Office to the staff member and will result in a delay in payment of social welfare.
- 11.4 For the final week, the staff member should send **Form MC2 'Final Certificate of Incapacity for Work'**, as above to Social Welfare and copied to Human Resources. The staff member and doctor should each have completed those parts of Page 2 of this form, relevant to them.
- 11.5 **Illness Benefit is paid directly to the employee by Social Welfare.** For the first days of illness there is no change to your pay. The Single Person's Allowance is deducted from pay without being subject to PRSI. If a staff member is not entitled to illness benefit, social welfare will send notification to the staff member who in turn should forward copy to Human Resources. **Therefore, deductions will automatically be made from your salary for the Illness Benefit by the Payroll Office in the week following the commencement of your sick leave.** Please note that the option for illness payment paid to the employer should **NOT** be selected on your form. In all circumstances staff should select for payment to be made directly to themselves.

Deductions will continue to be made from the staff member's salary by Payroll until the HR Office have been advised of the staff member's return to work. It is the responsibility of the staff member who was on sick leave to ensure that all completed **Form MC2 'Final Certificate of Incapacity for Work'** have been received by the HR Office, which will in turn ensure that salary is resumed in a timely fashion.

- 11.6 Staff who are entitled to more than the standard payment for Illness Benefit (due to children etc.) should notify the Payroll Office so that the correct deduction can be made to their salary. You can do this by forwarding a copy of the correspondence and/or the remittance advice note attached to the cheque you have received from the Department of Social Protection to the Payroll Office.

12. Human Resources Responsibilities

- 12.1 While management of absence due to sickness is primarily a line management function, the Human Resources Office will provide assistance, advice and support to managers, ensuring fairness and consistency throughout the Institute. Human Resources will also inform staff paying the appropriate PRSI Class of the policy as outlined in Section 11 above re **Managing Illness/Injury Benefit**.

- 12.2 Human Resources will collate, analyse and publish School/ Function/ Centre and organisational absence statistics.

13. Absence Management Procedures (short term absences)

The sickness absence of staff will be monitored by ***their managers in conjunction with Supervisors***, on a continual basis, in order to identify cases of initial concern and thereafter, cases continuing with an unacceptable level of absence and/or patterns of absence. Managers may decide to take action (in consultation with Human Resources where necessary) in accordance with the appropriate procedures (outlined below).

13.1 Review Meeting (Immediate Line Manager*)

**This should normally be undertaken by Heads of Department/Function/Centre, Senior Staff Officers, Assistant Librarians, Senior Technical Officers or other staff as appropriate will assist the manager concerned in this role.*

Where the absence frequency/record of a staff member is causing concern and/or is having a negative impact on the School/Department/Centre area:

- (a) The immediate line manager should meet the staff member informally and advise him/her of the Institute's concern, in terms of both the staff member's welfare, and the negative impact on their functional area and colleagues caused by their frequent absences.
- (b) The line manager should be sympathetic and listen carefully to the staff member's views, and inform them of any appropriate assistance that may be available (**i.e., Employee Assistance Programme; Occupational Health Assessment**). The line manager should seek assurance about the likelihood of regular attendance in the future.
- (c) If any medical condition is identified at this stage and it is likely to have an adverse effect on the individual's performance in the job, the line manager should ask the staff member to visit their doctor and obtain a doctor's note. If, on receipt of this doctor's note, the Institute is not satisfied for any reason with the nature or content of the doctor's note, a decision may be made to communicate further

with the doctor or to seek a formal medical assessment through the Occupational Health provider.

- (d) Notwithstanding that the ailment may be genuine, a sustained improvement in attendance is expected or the **Institute Disciplinary Procedure** will be invoked.
- (e) A file note should be prepared detailing all matters discussed and a review period set of one to three months. This is determined by the individual circumstances of each case.
- (f) The outcome of this meeting must be confirmed in writing by the line manager who held the meeting, normally within five working days.
- (g) At the end of the review period, if there has been a satisfactory and sustained improvement the line manager must arrange to meet the staff member informally:
 - The staff member will be advised that no further action will be taken at this time.
 - He/she should be made aware that if, at any time within the subsequent twelve-month period, the length and /or frequency of absence causes concern the procedure will be recommenced by invoking the Institute Disciplinary Procedure.
 - A file note should be prepared detailing all matters discussed and a copy should be given to the individual.
 - Where regular monitoring indicates that no improvement in the sickness absence pattern has occurred the case should be referred to the Institute Disciplinary Procedure.

14. Long Term Absences (Absence Case Management Process)

14.1 Absence Management Procedures - Long Term Absences

Human Resources through the appropriate management structures will initiate formal contact with staff who have been reported as absent for at least four weeks. In some cases, it may be appropriate to maintain contact with a relative or a nominated individual. Human Resources will liaise with managers in advance, to identify whether there are any special or sensitive circumstances which should be taken into account.

- (a) Any staff member who has **four (4) weeks continuous or cumulative sick leave in a twelve (12) month rolling period** will be referred for an Occupational Health Assessment.
- (b) A further review of the individual's case may take place four (4) weeks after the formal medical assessment.

14.2 Before returning to work any member of staff who has been on certified sick leave for a period of more than four weeks, must get a letter from his/her doctor certifying that he/she is fit to return to work. The Institute also reserves the right to refer an individual for an Occupational Health Assessment before allowing him/her to return to work.

14.3 In certain circumstances under Circular letter No. IT 02/05, arrangements may be made for partial resumption of duty by a Lecturer who is recovering from a particular prolonged serious illness or recovering from major surgery. Details are available from the Human Resources Office. Similar arrangements may also be made for other members of Institute staff subject to operational requirements and medical advice.

15. Employee Assistance Programme (EAP)

The role of the EAP in the Institute is to:

- (a) To provide a confidential and professional support and advisory service to assist staff members who are experiencing personal difficulties or need information on the range of services available.
- (b) To refer staff members to sources of specialist advice or support where appropriate.

16. Sick Leave Arrangements

All permanent, temporary and pro-rata staff entitled to admittance to the New Public Service Sick Leave Scheme have sick leave entitlements as follows:

16.1 Self-Certified Sick Leave

Eligible staff have an entitlement of up to a maximum of seven days' Self-Certified sick leave in a rolling 24-month period. The rolling period will count back from the commencement date of the current illness to the corresponding date 24 months previously. Where a staff member exceeds seven days self-certified leave in a rolling 24-month period, a medical certificate will be required for all future sick leave absences or any such period will be considered an unauthorised absence from work and a recoupment from salary shall be made (*please see Appendix 2 below for examples*).

Failure to provide a medical certificate is considered a breach of Institute policies and procedures and may therefore become subject to the Institute's disciplinary procedures. Self-Certified leave may not exceed two (2) consecutive days on any one occasion. **Please note in the Public Service and the Institute, sick leave is calculated on a Monday to Sunday basis which means that if a staff member is absent on a Friday and a Monday, a medical certificate is required.**

If a staff member is absent on Self-Certified Sick Leave on a Thursday and Friday and returns to work on a Monday on a consistent basis, Human Resources will request a GP's Sick Certificate to be submitted for the illness concerned.

Where a staff member has taken six (6) days or more Self-Certified Sick Leave in any rolling 24-month period, Human Resources will inform him/her of the number of days taken.

Access to paid Self-Certified Sick leave is a privilege which may be withdrawn in certain circumstances. Examples of where access may be withdrawn include frequent absences, or where the maximum of seven (7) days is regularly approached or taken during any 24 months period.

16.2 Public Service Sick Leave Scheme

- (a) The Public Service Sick Leave Scheme provides for the payment of the following financial support to staff during periods of absence from work due to illness or injury:
 - *A maximum of 92 calendar days (includes Saturdays & Sundays) on full pay in a rolling 1 year period, counting back from the day preceding the first day of their current absence*
 - *Followed by a maximum of 91 calendar days (includes Saturdays & Sundays) on half pay in a rolling 1 year period*

- *Subject to a maximum of 183 calendar days (includes Saturdays & Sundays) paid sick leave in a rolling four-year period.*

Sick leave records will continue to be reviewed over a rolling 4-year period. This means that an individual who has exceeded 183 days sick leave in a rolling 4-year period and is absent on sick leave again may find themselves without pay or in receipt of Temporary Rehabilitation Remuneration (TRR), if applicable.

For the purposes of determining access to payment during sick leave, all periods of full pay, half pay and TRR should be included in the look-back. Where there is a break in service of 6 months or longer and all 3 below criteria are satisfied, the look-back should be extended accordingly.

The break(s) in service must:

- Be unpaid
- Not reckon for pensions
- Not accrue annual leave.

It is important to note that if a break in service meets all these criteria, the entire period will be included in the extension, not just that portion that is 6 months or longer.

(b) Temporary Rehabilitation Remuneration (TRR)

i. Purpose and Eligibility

TRR is a payment to support the rehabilitation of public and civil servants who are absent on extended sick leave and who have exceeded the threshold of 183 days in a rolling 4-year period. Management has the discretion to approve or refuse TRR on a case-by-case basis.

The conditions to be met before TRR can be paid are:

- The public or civil servant concerned must have accrued two years' service; and
- There must be a reasonable prospect that the public or civil servant will return to work and deliver regular and effective service. Management should take on board the medical advice of the OHS when making such a determination.

If the OHS advises that a public or civil servant is medically incapable of regular and effective service, an application for Ill Health Retirement (IHR) should be made without delay. If this does not occur in a timely manner, management should review the ongoing payment of TRR.

ii. Rate and Conditions of Payment

The rate of TRR is 37.5% of the remuneration that would otherwise accrue to the civil servant were they not on sick leave.

A waiting period of 3 days shall apply to each instance of absence to which TRR applies before payment can be made. This 3-day wait restarts with each new absence and is not cumulative. Saturdays, Sundays and days on

which the place of employment is closed are included in the 3- day wait, as are days on which the civil servant was due to be present.

The 3-day wait does not apply in the following instances:

- Where the public or civil servant transitions from full pay or half pay to TRR during an ongoing absence, or
- Where the absence occurs under the provisions of the Critical Illness Protocol (CIP).

The limit for payment of TRR is 547 days in a rolling 4-year period, counting back from the day preceding the first day of the civil servant's current absence.

iii. **Interaction of TRR with Illness Benefit**

The flat rate of 37.5% is inclusive of any Illness Benefit (IB) that may be payable to a public or civil servant.

Where a staff member is eligible for IB, they must apply to the Department of Social Protection with the appropriate documentation. The Institute will deduct any Social Protection payments in line with Section 11 above. Failure to do so may result in an overpayment.

16.3 How will Sick Leave payment be calculated?

Step 1: Determine whether the individual has access to paid sick leave.

The individual's sick leave is reviewed over the 4-year period from the current date of absence. If 183 days paid sick leave have not been exhausted over that 4-year period, access may be granted to paid sick leave.

Step 2: Determine whether full pay, half pay or TRR apply.

If step 1 indicates that the individual has access to paid sick leave, their sick leave record is then reviewed over the 1-year period from the current date of absence to determine the rate at which sick leave may be paid. This is referred to as **Dual Look Back**. If the initial 92-day limit at full pay has not been exhausted, full pay may be awarded until the limit of 92 days is reached. Thereafter, the amount paid will be calculated based on half pay or TRR, as appropriate.

Step 1: How to calculate if an employee can avail of paid sick leave

Scenario 1

Angela has taken 83 certified sick days (including Saturdays & Sundays) from 30 May 2019 to 30 May 2023. She has also taken 2 uncertified sick days during this same period.

Therefore $83 + 2 = 85$ total number of sick days taken in 4 years.

Angela is entitled to 183 paid sick leave days over a four-year period.

Therefore $183 - 85 = 98$ total number of paid sick days Angela may now avail of.

Step 2: How to calculate the rate of pay if an employee is entitled to paid sick leave.

Having ascertained that Angela is currently entitled to paid sick leave it is necessary to work out the rate of pay based on rules for the new Public Service Sick Leave Scheme.

- *A maximum of 92 calendar days (includes Saturdays & Sundays) on full pay in a rolling 1 year period, counting back from the day preceding the first day of their current absence;*
- *Followed by a maximum of 91 calendar days (includes Saturdays & Sundays) on half pay in a rolling 1 year period;*
- *Subject to a maximum of 183 calendar days (includes Saturdays & Sundays) paid sick leave in a rolling four-year period.*

Look back for 1 calendar year to ascertain the number of sick days taken in the last 12 months.

Angela has taken 30 sick leave calendar days (incl Sat & Sun) in the last 12 months. Therefore, as Angela is entitled to 92 calendar days on full pay, she can still avail of 62 paid sick leave days at full pay.

$$92 - 30 = 62$$

The remaining 36 (out of her total balance of 183 days i.e., $183 - 85 + 62 = 36$) days will be at half pay.

Scenario 2

John has taken 90 paid sick days to date in the last 4 years. All 90 days were taken in the last 12 months. Today he has supplied a sick cert for 5 days.

To calculate how much she will be paid (use the rules from step 2 above);

92 (total number of full paid sick days entitlement) – 90 (total number of sick days taken in 12 months) = 2 days on full pay. John will now only receive full sick pay for 2 days and half pay for the remaining 3 days.

17. Critical Illness Provisions (CIP)

17.1 Purpose and Eligibility

In order to support public or civil servants who may be incapacitated as a result of critical illness or serious physical injury, extended sick leave may be granted on an exceptional basis. The terms under which this extended sick leave may be granted are collectively known as the Critical Illness Protocol (CIP).

17.2 Conditions of Payment

Subject to compliance with Section 8, a staff member who is approved for CIP may avail of a maximum of 365 days of paid sick leave in a rolling 4-year period, counting back from the day preceding the first day of their current absence. All periods of full pay, half pay and TRR should be included in this look-back.

Where the civil servant has not exceeded this threshold, they may avail of the following, subject to the above overriding maximum:

- 183 days on full pay in a rolling 1-year period, counting back from the day preceding the first day of their current absence;
- Where the full-pay threshold has been exhausted, 182 days on half pay in a rolling 1- year period.

17.3 Extensions to TRR under CIP

Where a staff member who is approved for CIP exhausts their access to full pay and half pay, they may be approved for an initial period of TRR not exceeding 1 year. Upon approaching the end of this period, Human Resources shall refer the staff member to the OHS to determine, from a medical perspective, whether there is any reasonable prospect of the staff member returning to work within a foreseeable timeframe. Where a reasonable prospect of return to work is confirmed by the OHS, the payment of TRR may be continued, subject to review at intervals of 6 month for a further period not exceeding 2 years.

The management and medical criteria set out in Section 16.2 (b) must continue to be met.

17.4 Criteria for Award of CIP

The decision to award CIP is a management decision, which should be informed by the particular circumstances of the case. In all cases the staff member must be referred to the OHS who will provide a medical assessment to assist management in their decision-making.

The staff member should ordinarily be under the current or recent clinical care of a medical consultant, either as an inpatient or outpatient. This excludes attendance primarily for report preparation or medico-legal purposes. Relevant medical reports must be furnished within an appropriate timeframe, and the treating medical consultant's specialism must be appropriate to the critical illness for which the claim is being made. The OHS may accept a presumptive diagnosis from the treating doctor on a case-by-case basis.

To support management's decision, the OHS should confirm whether the staff member is medically unfit to return to their current duties, or (where practicable) to modified duties in the same pay grade.

The nature of their medical condition should have at least one of the following characteristics:

- i. Acute life-threatening physical illness;
- ii. Chronic progressive illness, with well-established potential to reduce life expectancy;
- iii. Major physical trauma ordinarily requiring corrective acute operative surgical treatment;
- iv. In-patient or day-hospital care of ten consecutive days or greater.

Where a staff member does not meet these criteria, management may still decide to award CIP in exceptional circumstances. In exercising this discretion, management should consider the OHS's report along with any relevant personal or HR information from the staff member concerned.

They must demonstrate the reasons for the decision to award taking into account:

- The circumstances in the particular case;
- The illness, injury or condition of the staff member.

17.5 Appeals

Where a staff member disputes a decision not to award CIP, they may appeal such decision by requesting a review. All appeals must be directed through the Human Resources Office. The Human Resources Office will liaise with the OHS and will arrange a case-file review by a third-party medical referee.

The external medical referee will then advise the Institute of the outcome appeal. The final decision on any appeal lies with the Institute, having considered the medical referee's review and the full circumstances of the case.

Where the staff member disputes the management decision, they may appeal this through the Grievance Procedure. Should there be a delay in the Institute referring a staff member to the OHS of the organisation, or a delay in being seen by the OHS there will be no financial loss to the staff member if they are later awarded the exceptional extended paid sick leave.

Where, in these circumstances, a staff member moves on to half pay and it is later found that access to exceptional extended paid sick leave should have been granted, pay will be restored appropriately.

17.6 Protective Year

Where a staff member returns to work following an absence on CIP, they may avail of remaining CIP leave for subsequent non-critical illnesses that occur within one year of their resumption of duty. This is subject to the maximum thresholds under CIP.

17.7 Pension Contributions while on Nil pay

During periods of sick leave on nil pay, pension contributions will not be deducted and pensionable service will cease. This includes periods of nil pay where a claim for Income Protection has been admitted. On return to work, staff can consider purchasing breaks in service under the rules of the notional service plan, if eligible to do so.

18. Minimum periods of Self-Certified and Certified Sick Leave

18.1 The minimum period of Self-Certified and Sick Leave that a staff member may avail is one (1) full day. There is no provision for a half day's sick leave. This also applies to a staff member who is on reduced hours and avails of Self-Certified or Certified Sick Leave on the reduced working day.

18.2 Where a staff member attends for work as normal at 09.00 a.m. (or in accordance with the Flexitime policy) and has to leave because of illness prior to 01.00 p.m., a full day's illness either Self-Certified or Certified must be availed of and the appropriate Notification of Sick Leave Absence Form completed.

Where a staff member has to leave because of illness after 01.00 p.m., an approved absence may be sanctioned by the relevant Manager/Supervisor and the details must be recorded on CORE HR. However, this facility can only be availed of twice in any 12-

month period. Any periods of sick leave exceeding this must be accounted for as a full day's illness.

18.3 For staff availing of flexitime and who avail of either of the methods in 18.2 above, a standard day will be recorded on CORE HR. This will be monitored by the Human Resources Office on a monthly basis. There is **NO** authority for staff to seek approval for their flexitime balance to be increased on days where this is applicable.

18.4 When a staff member is placed on Certified Sick Leave or avails of Self-certified Sick Leave, they are not permitted to attend for work for the period concerned until a doctor has certified that they are 'Fit to Resume'. Staff will not seek approval and will not be granted approval by Managers/Supervisors for either their attendance record or flexitime balances to be amended in these circumstances.

19. Miscellaneous Provisions

19.1 Exceeding Sick Leave Limits

Where a staff member exceeds the Sick Leave limits as laid out in this policy, they will be notified that their pay will be reduced accordingly. If an overpayment arises as a result of sick leave, the overpayment will be recouped in accordance with the overpayments circular and policy.

19.2 Sick Leave and Annual Leave

It is not permitted to take annual leave in place of sick leave. However, a staff member may be given access to sick leave if they fall ill whilst on annual leave. Appropriate medical certification must be provided. Self-certified sick leave may not be granted during a period of annual leave. A staff member may not opt to be paid for this annual leave rather than have it restored.

If a staff member wishes to suspend a period of annual leave to take certified sick leave the usual rules apply, particularly those around timely notification to their line manager.

19.3 Sick Leave and Other Leave Types

A staff member may not have access to two different types of leave at the same time. Where a staff member is availing of statutory leave, other than as per 18.2 above, in general they will have no access to sick leave.

However, depending on the nature of the statutory leave it may be possible to postpone or suspend the statutory leave (e.g., parental leave). Where a staff member is availing of special leave (e.g., career break) there is no access to sick leave.

19.4 Sick Leave and Work-Sharing

The sick leave provisions for a staff member participating in the work-sharing scheme will be adjusted pro rata to their agreed attendance pattern and are subject to the normal provisions governing the granting of sick leave.

19.5 Absences from Work Resulting in a Personal Injury Claim

Where a staff member is absent on sick leave due to an illness or injury which results in a personal injury claim against a third party, payment of sick pay is conditional upon the staff member:

- including in their personal injury claim the amount of any sick pay paid or payable in respect of the absence, and
- reimbursing to the Institute the amount of the sick pay paid or payable in the event of a successful claim.

19.6 Sick Leave and the Organisation of Working Time Act 1997

In accordance with Section 21 of the Organisation of Working Time Act 1997, a staff member who is absent from work on certified sick leave immediately before and including a public holiday is entitled to benefit from that public holiday. Staff members who are on certified sick leave immediately before and including a public holiday should be awarded a day in lieu.

There are some relevant exceptions to this provision:

- Staff members who are absent due to an occupational injury for a period greater than 52 consecutive weeks are only entitled to an additional annual leave day for each public holiday arising in the first 52 consecutive weeks;
- Staff members who are absent due to illness or injury (other than an occupational injury) for a period greater than 26 consecutive weeks are only entitled to an additional annual leave day for each public holiday arising in the first 26 consecutive weeks.

19.7 Pregnancy-Related Provisions

Special protections apply to staff members who experience illness due to pregnancy. Where a staff member is absent due to pregnancy-related illness and is within the ordinary sick leave thresholds, payment will be made under ordinary sick leave arrangements.

If, however, they have already exhausted access to full and half pay, they will continue to receive half pay for the duration of that absence. The intention here is that staff members should not receive less than half pay whilst absent with a pregnancy-related illness.

These specific extended periods at half pay will not count towards sick leave thresholds. Where a staff member subsequently goes absent with a non-pregnancy related illness, and has already exhausted access to full pay and half pay, they may be credited back any days taken as pregnancy related illness in the last four years at half pay. This is subject to the overall sick leave limits.

19.8 Sick Leave and Probation

The sick leave provisions for a staff member on probation will be adjusted pro rata for the period of their probation and are subject to the normal provisions governing the granting of sick leave.

For all queries on this policy, please contact the Human Resources Office

Notification of Sick Leave Absence
[Please note that this form must be completed in full by all members of staff for each period of absence on sick leave]

Name _____

Payroll Number _____

School/Department/Function/Centre _____

I work fulltime / I am work-sharing (*circle as appropriate*)

If you are work-sharing, please state your percentage attendance (i.e., 50%, 60%) _____

I was absent on Sick Leave on the following date(s): (*please state clearly the dates on which you were absent*)

I resumed duty on: Mon/Tue/Wed/Thurs/Fri (*circle as appropriate*) Date: _____

Nature of illness: _____
or

I have informed the Human Resources Office (confidentially) directly of the nature of the illness

Where more than 2 consecutive working days

I enclose a doctor's certificate / I have sent a doctor's certificate directly to the Human Resources Office (*circle as appropriate*).

For staff who are on Class A PRSI

I enclose a copy of MC1/MC2 Form, authorised by my doctor / I have sent an MC1/MC2 Form, authorised by my doctor, directly to my local Social Welfare Office or by post to Social Welfare Service, PO Box 1650, Dublin 1. (*Circle as appropriate*).

Signed: _____

Dated: _____

Name of Head School/Department/Function/Centre _____

Head of School/Department/Function/Centre's signature _____

Dated: _____

Appendix 2

Implementation of 7-day Self-Certified Sick Leave Arrangements

Example 1

On 1st November 2023 a staff member applies for a day's self-certified sick leave. The Head of School/Department/Function and/or School/Function Office examine the sick leave record counting back to 02nd November 2021. The staff member has had 4 days' self-certified sick leave in the period 02nd November 2021 to 1st November 2023. Therefore, the staff member may be given access to a day's self-certified sick leave on 1st November and consequently a total of 5 days' self-certified sick leave will have been taken.

Example 2

On 3rd December 2023 a staff member applies for 2 days' self-certified sick leave. The Head of School/Department/Function and/or School/Function Office examine the sick leave record counting back to 04th December 2021. The staff member has had 6 days' self-certified sick leave in the period 04th December 2021 to 3rd December 2023. Therefore, the staff member may only be permitted access to one day's self-certified sick leave. The other day is an unpaid absence unless the staff member provides a medical certificate to cover the day's absence therefore certifying the days leave

Example 3

On 24th November 2023 a staff member applies for 2 days' self-certified sick leave. The Head of School/Department/Function and/or School/Function Office examine the sick leave record counting back to 25th November 2021. In that period the staff member has had 8 days' self-certified sick leave, 7 paid and 1 unpaid absence. There can be no further access to paid self-certified sick leave as the maximum of 7 days permitted has already been taken. The staff member must either provide a medical certificate to cover the days leave or it will be an unpaid absence.

Appendix 3

Reasonable Accommodations

Where a staff member attributes frequent or prolonged absence to a medical condition, consideration must be given as to whether that staff member may have a disability as defined under Employment Equality legislation.

The Institute must consider its obligations under the Employment Equality Acts 1998 to 2015 to provide reasonable accommodation, to ensure that staff members with a disability can participate in and advance at work.

Examples of reasonable accommodation may include but are not limited to:

- Making adjustments to premises and/or working space where reasonably practicable;
- Allocating minor or subsidiary duties to another staff member;
- Altering working hours/reduction in hours;
- Changing the location of the work;
- Providing some remote working where possible;
- Offering additional or extended training for the post;
- Acquiring relevant equipment or modifying existing equipment.