

SUBJECT: **SICK LEAVE NOTIFICATION**
APPROVED BY: VP Nursing and Chief Nurse _____
EFFECTIVE DATE: 2014 02 28
REVIEW/REVISED DATE:

Purpose:

To provide staff with guidelines and processes when notifying manager of legitimate sick benefits in accordance with the various collective agreements.

Policy/Standard:

It is the responsibility of each employee to provide sufficient notice to the Regional Nurse II, or designate, of their inability to report to work.

Materials Required:

Leave request form- Appendix A

Related Policies:

HR-6-15- Attendance Management and Support Program

HR-7-10- Leave Approval

HR-7-50 Sick leave –General Policy and Entitlement

Procedure:

- Employees unable to report to work due to illness will report directly to the Regional Nurse II, or designate, at least one hour before commencement of shift.
- The Regional Nurse II, or designate will notify the clinical nurse manager of the sick leave and they will determine if there is a need to cover the shift.
- Employees who will be off work due to illness for extended periods of time (i.e.: planned surgery, chemo therapy) will be required to provide the Regional Nurse II, or designate, and clinical nurse manager with as much notice as possible so alternate staffing can be arranged.

- The Regional Nurse II, or designate, and the clinical nurse manager will decide what shifts need to be covered.
- Upon the return to work the employee will complete a “Leave request” form(see Appendix A), have it signed by the Regional Nurse II, or designate. The Regional Nurse II, or designate, will fax the “Leave Request” form to the clinical nurse manager.
- The employee maybe required to present a sick note, if requested by clinical nurse manager, in accordance with the employee’s collective agreement.
- The clinical nurse manager is responsible to annually monitor the sick leave and attendance of an employee and to follow policy when thresholds are exceeded for sick leave benefits.

References:

Appendix A



LEAVE REQUEST FORM

Employee Name: _____ Department: _____

Number of Vacation/Paid Leave hours currently available: _____ hours

Number of Banked Overtime hours currently available: _____ hours

Number of Sick Leave hours currently available: _____ hours

Type(s) of Leave Requested (Please Check)

- | | | | |
|-------------------------------------------------------|----------------------------------------------|----------|-------------|
| <input type="checkbox"/> Vacation | <input type="checkbox"/> Sick Leave | ___ Paid | ___ Unpaid* |
| <input type="checkbox"/> Paid Leave | <input type="checkbox"/> Special Leave | ___ Paid | ___ Unpaid* |
| <input type="checkbox"/> Family Responsibility Leave* | <input type="checkbox"/> Education Leave | ___ Paid | ___ Unpaid* |
| <input type="checkbox"/> Statutory Holiday | <input type="checkbox"/> Banked Overtime | | |
| <input type="checkbox"/> Jury Duty | <input type="checkbox"/> Compassionate Leave | | |
| <input type="checkbox"/> Special Leave (Paid)* | <input type="checkbox"/> Union Leave*: | _____ | |
| <input type="checkbox"/> Maternity/Adoption/Parental* | <input type="checkbox"/> Other: | _____ | |

*IMPORTANT - Leave requests marked with an * must be copied to Human Resources. For Family Responsibility leave please indicate the reason.*

Particulars on type of leave request:

Date(s) Leave Requested:

Date & Time Leave Commencing: _____

Date & Time Returning to Work: _____

Number of Hours: _____

Vacation/Paid Leave Program - Advance Pay requested for the period _____ to _____
 (specify dates)

To request a Pay Advance, the employee must submit a copy of the approved Leave Request form to the FINANCE DEPT. at LEAST TWO (2) WEEKS IN ADVANCE OF THE PAYDAY immediately before the approved leave.

CSRS Designated? Yes No N/A Name of Designate: _____

RASMAS Designated? Yes No N/A Name of Designate: _____

Authorization Signatures:

Employee Supervisor

Date Date