

PEASEDOWN ST. JOHN PARISH COUNCIL EMPLOYEE SICKNESS POLICY

Written: January 2014

Adopted: Policy & Personnel on 11th February 2014 / Ratified at Full Council on 4th March 2014 (C152)

Last Reviewed: Personnel Committee Min. PC067–25/02/2020 / Ratified at Full Council Min. C311-17/03/2020

Attendance is a vital factor in providing effective and high-quality public services. High levels of attendance at work will contribute to the planning and provision of these quality services, as well as contributing to high levels of morale among staff.

Peasedown St John Parish Council is committed to maintaining good working practices at all stages of employment, so as to minimise sickness absence and its effect on staff.

Peasedown St John Parish Council will treat all members of staff fairly and in a considerate manner in order for them to fully recover from sickness and return to work.

Peasedown St John Parish Council is committed to recording and monitoring of staff sickness levels, with the aim of treating staff fairly and helping them to reduce absenteeism and increase productivity. All sickness absence information will be handled sensitively and with due regard to confidentiality and Data Protection principles.

On the first day of being unable to attend work due to sickness or injury a member of staff, or someone else on their behalf, must notify the Clerk/ members of the Clerk Liaison Panel as soon as possible of the reason for their absence.

Sickness lasting for no more than 7 consecutive days (including Saturday and Sunday) requires a Self Certification Form to be completed. Absences for longer periods require a Doctor's 'Fit Note' to be produced. The Note should be sent to the Clerk at the Parish Office or, in the case of the Clerk, to the members of the Clerk Liaison Panel by email.

Any period of entitlement to sick pay is dependent on length of service and is detailed in the member of staff's contract of employment. After these periods, employees default to Statutory Sick Pay (SSP).

In cases of frequent absence or long-term absence on grounds of health, further detailed procedures may be invoked. These may include referral to Occupational Health specialists, requests to view Medical Reports, examinations by independent Medical Practitioners, renegotiation of terms and conditions of employment and possibly termination of employment.

On return to work after any period of absence due to sickness, a "Return to Work" interview [see annex 1] will be carried out, in private, by the Clerk or in the case of the Clerk by a member of the Clerk Liaison Panel. The approach will be informal and supportive and should address any concerns of underlying health problems, further medical visits, domestic difficulties or problems with the job caused by the sickness or injury.

Where absence has been related to a disability or stress, a risk assessment will be carried out and any reasonable adjustments made before the employee returns to work.



If an employee is certified sick when on annual leave, the time off will be considered as sick leave from the date of a Doctor's 'Fit Note' and further annual leave shall be suspended from that date. If the claim of sickness is not supported by a 'Fit Note', then the absence will be counted as annual leave.

* * *

The foregoing **Employee Sickness Policy** has been revised and amended to reflect the changes in the Council's working practices and the latest Government legislation. It was adopted by Peasedown St John Parish Council at a meeting held on 17th March 2020.

Signed:

A handwritten signature in purple ink that reads "Kathleen Thomas".

Chair: Cllr Kathleen Thomas

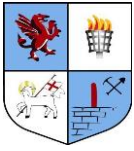
Date: 18th March 2020

Signed:

A handwritten signature in purple ink that reads "Tanya West".

Clerk & RFO: Tanya West

Date: 18th March 2020



Annex 1

PEASEDOWN ST. JOHN PARISH COUNCIL EMPLOYEE SICKNESS ABSENCE RECORD FORM

CONFIDENTIAL

Employee Name:	
Date First Day of Absence:	
Date Returned to Work:	
Total Number of Days/Hours Absent this Period:	
If more than 7 consecutive days a drs. 'Fit Note' may be required, please ensure any submitted are attached to this document and make a note of them in the box opposite.	
Total Number of Days/Hours Absent this Year (01/04 to 31/03 inclusive):	
Reason for Absence:	
Does the reason relate to any underlying condition? If so, please provide details:	
Was this absence caused by an accident/incident at work: If yes, please provide details and ensure the appropriate accident form has been completed and include the reference number in the box opposite.	
Does the individual feel fit and able to return to work?	
If so, are they returning to full duties? If not, please provide details of any conditions.	
Signed and dated on behalf of employee:	
Signed and dated on behalf of line manager:	