Sick Leave and Managing Absences

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Notes

May 2019: Addition of 1.4, Amendments to 4.2a, 6.8, 9.4, 10.1 and Appendix 1
January 2020: Correction to 8.4
February 2020: Amendment to 13.1 re: EAP login details for TU Dublin
1. INTRODUCTION

1.1 The TU Dublin (hereinafter called “the University”) recognises that regular attendance is an essential part of the smooth running of the University and formally managing this can help reduce overall incidence of sickness absence.

1.2 The University recognises that during the course of normal working life, people can have genuine absences due to illness and should be treated in a sympathetic manner. In such circumstances, the University will endeavor to support staff, insofar as is reasonably practicable, during this time.

1.3 This document sets out the University’s policy and procedures in relation to staff absence due to illness and to raise awareness of the responsibilities of staff and management in relation to sick leave entitlements and absence management.

1.4 Abuse of this policy may lead to disciplinary action.

2. SCOPE

2.1 This policy applies to all permanent and fixed term staff with the exception of Hourly-Paid Part-time staff. Its provisions and arrangements are in line with the Public Sector Sick Leave Scheme based on those set out in Circular Letter 0062/2015 and appropriate circulars and analogous documents as issued by sectoral management across the public service.

3. DEFINITIONS

- **Self Certified Sick Leave** is defined as sick leave of up to and including two consecutive working days which is not certified by a doctor.

- **Certified Sick Leave** is defined as a period of sick leave which has been certified by a doctor. All absences in excess of two consecutive working days must be covered by a doctor’s medical certificate.

- **Frequent short-term absence** is defined as absences of 1 - 2 days at a time, on five or more occasions in a 12 month period.

- **Long-term absence** is defined as any absence lasting more than four consecutive weeks.

- **Unauthorised absence** occurs when a staff members’ absence:
  1. Is not supported by a doctor’s medical certificate by due date where applicable ie by the third day of absence.
  2. Has not been notified to and approved by the appropriate manager.

- **Occupational Health Physician (OHP)** is defined as a provider of independent medical advice.

4. SICK LEAVE ENTITLEMENTS

The Public Sector Sick Leave Scheme contains the following provisions:
4.1 Ordinary Illness Leave

A staff member who is absent from duty because of illness or injury, may be granted paid sick leave of:

- a maximum of 3 months (92 days) on full pay in a year
- followed by a maximum of 3 months (91 days) on half pay
- subject to a maximum of 6 months (183 days) paid sick leave in a rolling four year period.

4.2 Critical Illness Leave

Where a staff member has been diagnosed with a critical illness or serious physical injury the Critical Illness Protocol provides the basis for access to 6 months on full pay and 6 months on half pay (subject to an overall limit of 1 year in a 4 year rolling period).

Extended Paid sick leave for a critical physical or psychiatric illness, serious injury or serious medical condition maybe granted in two circumstances:

a. On the basis of medical report:
   In cases where the OHP has certified the individual is suffering from a critical illness, serious injury or serious medical condition, Human Resources (HR) on the basis of OHP recommendation, may award CIP. While the decision to grant is still the decision of HR, this decision is based upon the OHP’s opinion based on a number of medical criteria (refer to Appendix 2).

b. CIP on the basis of managerial discretion:
   HR is allowed to exercise discretion and grant CIP after an analysis of the information provided and the circumstances of the case. This is generally intended to cover “nearly there” cases i.e. a case that involves what would generally be considered a significant illness, injury or condition but does not qualify under the strict CIP criteria. It is intended that the granting of CIP on the basis on managerial discretion will only be warranted in serious and/or exceptional cases. While the decision is for HR to make, it can seek guidance from the OHP on medical issues, within the boundaries of medical confidentiality.

Applications for extended sick leave for critical illness or serious physical injury must be made by the staff member to HR. In doing so it will be necessary to furnish the OHP with the relevant medical report(s) supporting the application. This may be done through HR or directly by the staff member to the OHP. **Appendix 1 is a consent form and should be completed in order to be assessed for CIP.**

The CIP protective year is the date of return to work from the CIP absence. If a staff member has an ordinary illness within a 12 month period of the start date of the granting of a critical illness, critical illness provisions will apply.

The advice of the OHP may be appealed to a single appeal Specialist OHP. This appeal will ordinarily be a file review only however the staff member may arrange through HR to meet with the Specialist OHP.

Award of extended sick leave for critical illness or serious physical injury is a decision for the University following receipt of medical advice from the University’s OHP or on appeal from the Specialist OHP. This decision may be appealed through the University’s Grievance Procedures.

Further information on extended sick leave for critical illness or serious physical injury is available in the Critical Illness Protocol as set out in Appendix 2.
4.3 Temporary Rehabilitation Remuneration (TRR)

Where the relevant period of paid sick leave has been exhausted, a staff member with a minimum of 5 years’ service (in a pensionable position either in a wholetime of part-time capacity) at the end of the period of paid sick leave may be granted TRR subject to certain conditions. Further details regarding TRR are available from Human Resources.

4.4 Unpaid Sick Leave

A staff member who, on having exhausted the maximum period of paid sick leave (and does not qualify for TRR) is still medically unfit to resume duty and wishes to retain their position in the employment must notify HR of their intention to avail of a period of unpaid sick leave within which they may resume working if certified as fit to do so. This period of unpaid sick leave shall not normally exceed the TRR limits. Further details regarding Unpaid Sick Leave are available from Human Resources.

4.5 Maternity Related Illness

Where a staff member is medically unfit for work due to a pregnancy related illness she will not receive less than half pay for the duration of her pregnancy-related illness, prior to going on maternity leave. Pregnancy related sick leave taken in the previous 4 years will be credited back at half pay, subject to the overall non-pregnancy related sick leave entitlements.

4.6 Self-Certified Sick Leave

A staff member who is absent from duty because of illness or injury, may avail of a maximum of 7 self-certified sick days within a 24 month period (calculated from first day of self-certified sick leave taken). No more than 2 consecutive self-certified sick leave days can be taken at any given time. Where a staff member exceeds 7 days uncertified sick leave in a rolling 24 month period, the staff member will be notified that their pay will be reduced accordingly and appropriate sum recouped. Unpaid absences are not pensionable service.

5. REPORTING A SICKNESS ABSENCE

5.1 A staff member who is absent due to illness must make direct telephone contact with their manager or make suitable arrangements to contact their manager as early as possible on the first day of their absence. The staff member should where possible, indicate the likely duration of the absence. A text message or email is not acceptable unless otherwise agreed with the manager concerned. If for any reason the relevant manager is not available, staff are advised to report the absence to another appropriate manager.

5.2 If a staff member becomes ill or feels unwell while at work, they should advise their line manager (or a member of the management team) as soon as possible. This will be recorded as a part day sickness absence, and will not normally be counted as a sick day for the purposes of calculation of sick pay entitlements. However, TU Dublin reserves the right to include a part day sickness in cases where significant number of part day sickness absences occur.

6. MEDICAL CERTIFICATES

6.1 Staff are required to submit a medical certificate covering the full period of the illness, where:
• the sick leave period extends beyond a second consecutive day;
• the sick leave period spans a weekend in that it includes a Friday and the following Monday (Such absence will be counted as four days as it includes Saturday and Sunday);
• more than seven self-certified sick days have been taken within a 24 month period (calculated from first day of self certified sick leave taken).

6.2 It is understood that in exceptional cases it may be difficult for staff on sick leave to deliver a medical certificate promptly. Where this is the case, an explanatory telephone call before the third day of sick leave to their manager or if necessary to HR would be appropriate.

6.3 A staff member who is absent for a continuous period of 4 weeks or more ie long term absence, is required to submit medical certificates at monthly intervals (or longer subject to agreement with the relevant manager) following submission of the original certificate. The University also requires all staff on long term absence to provide a medical certificate confirming that they are ‘fit to resume work’. This should be submitted at least one week in advance of returning to work from a long term absence.

6.4 To be acceptable, a medical certificate must state fitness to work or otherwise. While it is not obligatory to state the nature of the illness*, failure to include this information may lead to difficulties in seeking to have the absence discounted, for example, discounting of a closure period. Ideally, the medical certificate will also indicate the likely date of fitness to return to work.

* If a staff member has a sensitive health issue or personal circumstance that they do not wish to disclose to their manager, they may alternatively contact HR. With the staff member’s agreement, HR may disclose this information to the manager in order to facilitate support for the staff member or to assist the manager in managing the absence, for example, in seeking a replacement for the duration of the absence.

6.5 Where a staff member is on certified sick leave immediately prior to commencing annual leave, they should submit a medical certificate indicating fitness to resume from the date their annual leave commences. Failure to do this may result in the period of annual leave being counted as sick leave.

6.6 TU Dublin will only accept a medical certificate as confirmation of sickness absence during periods of leave. Where a staff member becomes ill while on annual leave, they should notify their line manager on the first day of sickness and obtain a medical certificate. Where that medical certificate is provided on return to work, the period covered by the certificate will not be counted as annual leave.

6.7 In the case of a work related injury, medical certificates are required and normal sick leave arrangements will apply.

6.8 Sick Leave absences should be requested by the staff member through CorePortal / by email (in the case of staff at TU Dublin, Tallaght) to the line manager/supervisor. Medical certificates should be placed in a sealed envelope, clearly marked ‘medical certificate’ together with any related paperwork, eg IB1 forms, and submitted by the staff member to their manager. The manager will approve CorePortal and forward the medical certificate to HR.

7. CLAIMING ILLNESS BENEFIT

7.1 Staff who pay category A1 PRSI and are absent for more than six consecutive days (including Saturday and Sunday) are required to submit a completed Disability/Injury Benefit form (IB1), in addition to a medical
certificate, as they may be entitled to Illness benefit. IB1 forms are available from your doctor. This form must be completed and submitted to HR within 7 days of becoming ill, or the staff member may lose their entitlement to Illness benefit.

7.2 The first social welfare medical certificate (known as IB1) will be provided by a doctor and should be submitted to HR where it will be endorsed and forwarded to the Department of Employment Affairs & Social Protection. The IB1 covers a staff member for one week. Should the illness continue thereafter the staff member will need to obtain the Med1 Form from their doctor. Med1 forms should be submitted along with the relevant medical certificate to HR as soon as reasonably possible after their doctor’s appointment.

7.3 Staff who pay category A1 PRSI will continue to be paid per sick leave regulations CL62/2015 and illness benefits due under the social insurance system will be paid directly to the University.

7.4 Illness benefit is not paid for the first six days of absence due to illness.

7.5 Where applications for Illness Benefit are not made or where a late application results in non-payment by the Department of Employment Affairs & Social Protection, the University reserves the right to deduct the Social Welfare Benefit from the staff member’s salary.

7.6 Further information on Illness Benefit is available at [www.welfare.ie](http://www.welfare.ie)

8. MANAGING ABSENCES

8.1 The University recognises the considerable commitment demonstrated by its staff on a day to day basis and that its staff are not immune from illness. Illness is a misfortune and not misconduct, and colleagues who are ill are entitled to sympathetic consideration.

8.2 All managers are encouraged to maintain contact with staff who are on sick leave and to keep themselves informed and up-to-date on their progress and likely date for return to work.

8.3 A manager should acknowledge, after any period of absence, a staff member’s return to work. 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.

8.4 The University reserves the right to refer any staff member to its OHP at any time where reasonable concerns exist as to the capacity of the staff member to undertake their duties in a manner that is safe for both the staff member and the University. Where appointments are not confirmed with HR by the staff member or where the staff member fails to attend as scheduled, they may be charged at the University’s discretion. Appendix 1 is a consent form and should be completed by the staff member in advance of attending the OHP following referral by the University.

8.5 Persistent Frequent Short-term Absences

8.5.1 Where a manager is concerned about the level and frequency of a staff member’s absence, they will meet with the staff member in private to review their sick leave absences. The objectives of such a meeting should be:
• to demonstrate interest and concern for the staff member’s welfare
• to ensure that they have not returned to work too early
• to identify at an early stage any underlying reasons for absence and to ensure that the appropriate assistance and support is given
• to assist in the monitoring and review of the staff member’s sickness record and to identify any patterns that may be emerging
• if appropriate, to advise the staff member of required improvements in their attendance and warn of the likely consequences if their attendance does not improve ie invoking of the Disciplinary Procedures.

8.6 Long-Term Absences

8.6.1 Long-term absence is defined as any absence lasting more than 4 consecutive weeks. A manager should at all times adopt a sympathetic and understanding approach when dealing with staff on long-term absence.

8.6.2 A meeting will be arranged by HR with the relevant manager to consider the best approach for managing a long term absence.

8.6.3 The staff member and manager should be in contact with one another periodically during the absence or as agreed between the manager and the staff member. The purpose of this is for the manager to demonstrate interest and concern for the staff member’s welfare and have sufficient information regarding the staff member’s absence to allow them to appropriately manage the absence and/or return to work.

8.6.4 Staff who are on or have had a long term absence may be required to attend the University’s OHP during their absence, in advance of returning to work and/or on return to work. This will be arranged through HR. Any recommendations or reasonable adjustments advised by the OHP will be given full consideration as part of the return to work process. In the event that a recommendation from the OHP differs with that of the staff member’s doctor, this will be reviewed by the OHP. If following this review the OHP deems a staff member fit to return to work, the University will expect that the staff member does so. In circumstances where the staff member’s doctor has signed them as fit to return to work and there is a delay in receiving confirmation of fit to return from the OHP, if appropriate, salary will be resumed based on the earlier date.

8.6.5 On a staff member’s return to work following long term absence, the manager will arrange to meet with them in private to:

• demonstrate interest and concern for the staff member’s welfare
• ensure that they have not returned to work too early
• ensure that the appropriate assistance and support is given
• assist in the monitoring and review of the staff member’s sickness record
• advise the staff member of required improvements in their attendance and warn of the likely consequences if their attendance does not improve ie invoking of the Disciplinary Procedures, if appropriate.

8.7 Work Related Stress

8.7.1 Where a doctor has indicated on a medical certificate that a staff member is suffering from “Work
Related Stress”, the absence will be managed separately in accordance with the University policy and procedures for such a matter. Sick Leave Entitlements will continue to apply in accordance with CL 0062/2015.

8.8 **Addiction or Substance Abuse**

8.8.1 Where a doctor has indicated on a medical certificate that a staff member is suffering from an addiction or substance abuse, the absence may be managed separately in accordance with the University policy and procedures for such a matter. Sick Leave Entitlements will continue to apply in accordance with CL 0062/2015.

8.9 **Unauthorised Absences**

8.9.1 Unauthorised absences (refer to section 3) may result in loss of pay and may be addressed under the University’s Disciplinary Procedures.

9. **STATUTORY ANNUAL LEAVE AND SICK LEAVE**

9.1 In general full time staff are entitled to 20 days statutory annual leave. Staff who work less than full hours are entitled to statutory annual leave on a pro-rata basis.

9.2 If a staff member becomes ill whilst on annual leave, they may apply for the annual leave to be cancelled and reinstated on the production of a medical certificate.

9.3 An amendment to the legislation was made by way of section 86(1) of the Workplace Relations Act 2015. It will have the following effects:

- Periods of sick leave at full and half pay will retain full annual leave entitlements. Statutory annual leave entitlement accrues where an individual is on TRR and/or zero rate of pay due to certified sick leave.
- An annual leave carryover period of 15 months after a leave year will apply to those staff who could not, due to illness, take annual leave during the relevant leave year or during the normal carryover period of 6 months.
- Annual leave accrued while on sick leave will remain available to the staff member for 15 months following the leave year in which it was accrued. Following this 15 month period, the annual leave will be forfeited on the staff member’s record. Therefore, on return to work, the staff member must take the oldest remaining annual leave first.
- On termination of employment, payment in lieu of untaken accrued annual leave will apply to leave which was untaken as a result of illness, in circumstances where the staff member leaves the employment within a period of 15 months following the end of the leave year during which the statutory leave entitlement accrued.

9.4 Any entitlement in respect of public holidays occurring while on sick leave will be addressed by additional annual leave.
10. POTENTIAL LOSS OF EARNINGS

10.1 Where prior to resumption of duty salary has been exhausted, it will be restored only from the date that the University’s OHP deems the staff member fit to resume full duties. This is also conditional on the staff member actually resuming duties on the first day following an OHP’s certification.

10.2 In such cases, there is an onus both on the University to refer the staff member to the OHP and the staff member to attend the OHP in a timely manner.

11. OVERPAYMENTS

11.1 Where an overpayment of salary arises, such an overpayment will be recouped from the staff member’s future salary in accordance with the University’s “Overpayments to Staff” policy and procedures.

12. PHASED RETURN TO WORK

12.1 Requests for a phased return to work in the case of long-term illness, serious illness or major surgery must be made by the staff member, supported in writing by a staff member’s doctor and submitted to HR. The request will be considered by HR in consultation with the relevant manager.

12.2 For a phased return to work request to be approved there must be a reasonable expectation that the staff member i) can carry out the full range of duties of the post albeit on a part-time basis and ii) will return to full work within a defined period of time.

12.3 A phased return to work is normally pro-rata based on hours worked.

12.4 The University may require the staff member to attend its OHP in the context of their request for a phased return to work.

12.5 Salary for a staff member on a phased return arrangement will be on a pro-rata basis. The days that the staff member is not in work will be treated as sick leave and normal sick leave entitlements apply. Full pension contributions are payable by the staff member while they are on a reduced rate of pay.

13. EMPLOYEE ASSISTANCE PROGRAMME

13.1 The University’s Employee Assistance Programme (EAP) is a free 24 hour counselling and information service run by Vhi for staff in TU Dublin. You do not need to be a Vhi Member to avail of this service. This service is confidential and available to all University staff and their families. Contact information for this service are:

   TU Dublin
   Freephone: 1800 995 955
   Email: eap@vhics.ie
14. RETIREMENT OR TERMINATION ON THE GROUNDS OF ILL HEALTH/INCAPACITY

14.1 Where the University is of the view that a staff member is unfit to carry on in their position whether by reason of mental or physical incapability or otherwise (including any physical or mental impairment likely to impair their ability to perform their duties) the following procedures will apply:

(a) The University will refer the staff member to its OHP.

(b) Where the medical opinion of the OHP confirms that the staff member is unable to discharge the duties of their position or is otherwise incapable of giving regular and effective service and the staff member (having taken his own medical advice if they so decide) accepts this opinion then the staff member will be retired on the grounds of ill health subject to the applicable terms, conditions, processes and procedures relating to same.

(c) Where the medical opinion of the OHP confirms that the staff member is unable to discharge the duties of their position or is otherwise incapable of giving regular and effective service and the staff member or their own medical doctor disagrees with the medical opinion obtained by the University, then the staff member will be referred to a second OHP nominated by the University.

(d) Where the second OHP opinion confirms that the staff member is unable to discharge the duties of their position or is otherwise incapable of giving regular and effective service and the staff member directly or through their own medical advisor disagrees with the opinion then the following procedure will apply:

   a) the University shall request the Minister for Education and Skills to nominate a medical examiner for the purpose of establishing the fitness or otherwise of said officer to continue to hold his or her appointment;

   b) if as a result of the medical opinion the Minister is satisfied the officer is unfit for office, the Minister may by order removal from office.

(i) In the case of said employee the University having considered the medical reports available to it, may decide:

   a) to dismiss the staff member on the grounds of incapacity; or

   b) the staff member must retire on grounds of ill health subject to the applicable terms, conditions, processes and procedures relating to same.

14.2 Where any staff member fails or refuses to cooperate with the procedures described in paragraphs 14.1 above the University shall consider same a refusal to obey or carry into effect an order lawfully given and/or other misconduct and

i) in the case of officers to whom refer the matter to the Minister; and

ii) in the case of employees of the University refer the matter to the appropriate management of the University for the decision as to whether the staff member should, having regard in all the circumstances, be dismissed.

14.3 Where a staff member wishes to retire early on the grounds of ill health/incapacity, they should apply in writing to Human Resources who will refer them to the University’s OHP for assessment. Where the medical opinion of the OHP confirms that the staff member is unable to discharge the duties of
their position or is otherwise incapable of giving regular and effective service, the staff member will be retired on the grounds of ill health subject to the applicable terms, conditions, processes and procedures relating to same.

15. RECORDS

15.1 Sick leave records will be monitored and maintained by HR in accordance with Retention and Records Management policies.

16. CONFIDENTIALITY

16.1 Information pertaining to a staff member will be treated with the utmost respect and confidentiality including medical certificates, in accordance with the General Data Protection Regulations (GDPR).

17. QUERIES

TU Dublin, Blanchardstown
E-Mail: hr.blanchardstown@tudublin.ie
Contact: Human Resources Manager
Tel: 01 885 1018

TU Dublin, Grangegorman
E-Mail: hr.grangegorman@tudublin.ie
Contact: Leave & Benefits Manager
Tel: 01 220 5228

TU Dublin, Tallaght
E-Mail: hr.tallaght@tudublin.ie
Contact: Human Resources Manager
Tel: 01 404 2120
APPENDIX 1

Staff member to tick as appropriate:

☐ University Referral to Medmark

☐ Application for Critical Illness Provisions (CIP)

☐ TRR

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I understand that Medmark Occupational Healthcare (Medmark) will be asked to review my medical data to provide an opinion to my employer on my fitness to work and/or eligibility for CIP (as appropriate).

__________________________________________                Date _________________________
Signature

Medmark Data Retention Consent
The types of personal data which Medmark processes for occupational health purposes and which are covered by the GDPR include:

- Name
- Birth date
- Telephone number
- Residential address
- E-mail address
- Gender
- Employment details
- Medical / health information

Medmark will safeguard your personal data to ensure it remains confidential and will only handle your personal data in accordance with the terms contained in their Privacy Notice and applicable data protection law.

Consent to retaining personal health data
Medmark will retain your medical records on an ongoing basis, for as long as they have a relationship with you, and in order for them to:

- comply with their legal records retention obligations;
- inform a diagnosis of a latent condition, ensure your health and safety and protect your vital interests;
- defend or bring legal claims; and/or
- address complaints regarding their services.

Medmark will delete your personal data once it is no longer required for these purposes.

Please confirm, by signing below, that you consent to Medmark retaining your personal data for the purposes outlined above. You may withdraw your consent at any time in which case Medmark will delete your data unless they are otherwise permitted to keep your data for statutory or compliance reasons.

I consent to Medmark holding personal data on my behalf for the purposes described here.

__________________________________________                Date _________________________
Signature
APPENDIX 2

CRITICAL ILLNESS PROTOCOL

1. INTRODUCTION

1.1 It is recognized that public service bodies, as employers, need to continue to provide support for their staff who may be incapacitated as a result of critical illness or serious physical injury. Therefore when an individual becomes incapacitated as a result of critical illness or serious physical injury, and has supporting medical evidence for an extended period of sick leave, the individual may, on an exceptional basis, be granted paid sick leave extended as follows:

- A maximum of 183 days on full pay in the previous rolling one-year period
- Followed by a maximum of 182 days on half pay in the previous rolling one-year period
- Subject to a maximum of 365 days paid sick leave in the previous rolling four-year period

1.2 The granting of exceptional extended paid sick leave is a decision of management having considered the occupational medical advice.

1.3 These arrangements will exclude individuals whose illness relates to an occupational injury/illness and who have access to an occupational injury/illness scheme.

2. CRITERIA FOR AWARD OF EXTENDED PAID SICK LEAVE

2.1 In determining whether an individual may be granted access to exceptional extended paid sick leave the following criteria apply:

(a) The staff member should ordinarily be under the current or recent clinical care of a consultant either as an inpatient or outpatient. This excludes staff attending primarily for report preparation or medico legal purposes.

(b) The case must be referred by the employer to its Occupational Health Service for medical advice.

(c) The responsibility lies with the staff member to furnish any treating doctor’s medical reports requested within an appropriate time-frame to avail of the exceptional extended paid sick leave. A treating consultant’s specialism must be appropriate to the critical illness for which the staff member is making a claim.

(d) The Occupational Physician, from the employer’s Occupational Health Service, will advise whether, in their opinion, the following criteria are met:

(i) The staff member is medically unfit to return to his or her current duties or (where practicable) modified duties in the same pay grade

(ii) The nature of this medical condition has at least one of the following characteristics:

  Acute life threatening physical illness
  Chronic progressive illness, with well-established potential to reduce life expectancy
Major physical trauma ordinarily requiring corrective acute operative surgical treatment

In-patient or day hospital care of ten consecutive days or greater (In the case of pregnancy-related or assisted pregnancy-related illness, the requirement for hospitalisation of ten consecutive days will be reduced to two or more consecutive days of in-patient hospital/clinical care.

(iii) The Occupational Physician will consider the information provided by the treating doctor, and may confer with them with consent if they feel this would be helpful. It is not an absolute requirement that a definitive final diagnosis has been made. The Occupational Physician may accept a presumptive diagnosis on a case by case basis.

3. DECISION TO AWARD

3.1 The decision on whether to award extended paid sick leave is a management decision. Whilst management must primarily consider the Occupational Medical Advice, management should consider all the circumstances of the case.

3.2 Thus, although a staff member may not meet the medical criteria outlined above, management may still make a decision to award in exceptional circumstances.

3.3 In exercising this discretion management must demonstrate the reasons why they are awarding an extended period of paid sick leave although the individual does not meet the requirements set out at 2.1.d (ii) above

In this regard management should establish the following:-

- That there are exceptional circumstances; and
- That those exceptional circumstances relate to the illness, injury or condition of the person; and
- That those exceptional circumstances warrant the granting of the extended paid sick leave.

3.4 When determining if there are exceptional circumstances which would warrant the award of CIP granted on the basis of managerial discretion, the Manager should consider the following three sources of information to inform the decision making process to award CIP

- The Occupational Physicians Report
- Relevant information from the individual
- Relevant HR information

4. APPEAL OF THE MANAGEMENT DECISION

4.1 The mechanism for appeal of the management decision will be in line with the relevant Grievance Procedures.
4.2 Should there be a delay\(^1\) in the University referring a staff member to the OHP, or a delay\(^2\) in being seen by this OHP, 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 onto half pay and it is later found that access to exceptional extended paid sick leave should have been granted, pay will be restored appropriately.

5. **RETURN TO WORK**

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

\(^1\)Where the delay is of a duration in excess of the period of time currently allowed for a referral to an OHP.

\(^2\)Where the delay is of a duration in excess of the normal waiting time to be seen by an OHP.