Sick Leave Information and the use of the New Abilities Form in District 28 Renfrew

If a member is sick, they should take a sick day!

Sick days are a benefit that has been negotiated for members. This document explains current practices and summarizes our current collective agreement (CA) language. For specific CA language please go to www.osstfd28.ca and click on "Documents". This document is meant to answer questions for members when they are sick or attending medical or dental appointments, and need to be off work. Not all questions can be answered in this document; members should contact their Bargaining Unit President if they require clarification.

Allocation

Full-time employees (permanent or long term) are allocated 11 days at 100% and 120 days at 90%. Employees have the ability to carry over unused sick days to top-up the 90% days in the following year, but they are not cumulative. Each carry over day can top up 10 - 90% days.

Part-time employees (including term assignments of less than a full year) will be allocated 100% and 90% days pro-rated to FTE and the length of the work year. Any assignments that go beyond the normal work year shall be considered a term assignment for sick leave allocation purposes.

All sick days will be allocated at the beginning of the year or assignment regardless of start date or return to work from any leave other than sick leave, WSIB, or LTD.

Usage

Sick leave will be provided for reasons of personal illness or injury including personal medical and dental appointments.

If an employee's absence for the same illness or injury continues into the next school year, he/she will continue to access unused sick days from the previous year's allocation. A new allocation for the same illness/injury will only be provided once the employee has returned and completed 11 consecutive working days at full FTE.

If an employee is accessing sick leave as a result of the same illness/injury into the next school year but is returning at less than full FTE, he/she will continue to use the previous year's allocation. If the employee exhausts the previous allocation, he/she will be provided with a new allocation for the part of the FTE worked (pro-rated as if part-time). Any absences occurring during the working portion of the day will be deducted from the new allocation, once provided.

A new allocation will be used for any new illness or injury for employees whose absence continues into the next school year.

Special Leave

If a member must take a child or dependent to a medical appointment or stay home due to the illness or injury of a child or dependent, the member must apply for Special Leave. Members have 5 Special Leave days which are not chargeable to sick leave.

Sick Notes and Abilities Form (Functional Abilities Form – FAF)

Members do not have to share with the Board the nature of their illness or injury. Other than a basic sick note (indicating that a member is absent from work), the only document that should be requested and submitted to the Board is the new Abilities Form from the Central Agreement. (See below. It is also available on our website at www.osstfd28.ca under "Forms"). The Board is not permitted to ask that further questions are answered by a doctor. Nor can they instruct a member to bring in a letter from the Board to their doctor. If there is a requirement for further medical information, the Board should communicate directly to the local bargaining unit about the reasons for the need.

RCDSB collective agreements say that the Board may ask for a note any time that a member uses a sick day, BUT will not normally ask for a note unless a member has been absent for 3 consecutive days. The Board will insist on medical note or Abilities Form if a member has been away for 10 work days or longer. Where it is suspected that there may be abuse of sick leave, the Board may require a medical certificate for any amount of sick leave. Fraudulent use of sick leave can lead to discipline, up to and including termination.

Renfrew County Board has asked members for notes when members have shown a pattern of absences (i.e. away on many Fridays) or if members have been absent on a day before or after a long weekend or holiday. If a member is asked for a note they should contact their OSSTF Bargaining Unit President for advice before submitting anything to the Board.

Completing the Abilities Form

A member may be required to have their doctor complete the Abilities Form if they are going to be off work for an extended period of time (2 weeks or longer) or when a member is coming back to work after being off for an extended period of time. Members are advised to take a copy of the Abilities Form when going to an appointment if the member believes that one of the two scenarios above may occur, to save an additional trip to the Doctor's office.

While members do not complete Abilities Forms, they can sometimes highlight certain aspects of the form for their Doctor. It is very important to read Section 1 closely as it will determine how the rest of the form is to be completed. When a member is assessed by their doctor, he/she will determine the member's suitability to work in one of three ways:
(Able to work with no restrictions; Able to work with specific restrictions; or Unable to work at all.)

There are three check boxes in Section 1 where a doctor will indicate his/her assessment. The selection here will determine which other sections of the form need to be completed. Ensure that the doctor completes only those sections which are required to be completed. In some cases it is important for the member to encourage the Doctor to include more details and information about restrictions and limitations so that it is easier for the Board to provide appropriate accommodations.

Submitting Forms and Notes

Once completed by the doctor, the member must submit the Abilities Form to the Human Resources Department at the RCDSB. All of a member's medical documentation is housed and adjudicated in confidence by Human Resources, tasked with administering the sick leave plan. All medical notes and information should be sent directly to Human Resources, not to the member's Principal or secretary. Human resources will communicate with the member's Principal. As a courtesy, a member may choose to communicate with their Principal. Members should keep a copy of all notes.

The contact information to submit your Abilities Form to the Human Resources Department:
- Confidential fax line: (613) 735-5141
- Contact in Human Resources: Emily Scott Disability Coordinator
- Email: scottea@rcdsb.on.ca
- Phone: (613)735-0151 x2240
- Courier: Emily Scott, Board Office

Assistance

If a member requires any assistance through the sick leave process, please contact your Bargaining Unit President or OSSTF District 28 President Christian Sell at (613) 585-2896 or osstf28@gmail.com (Please do not send emails through board email) If you are going to be away 15 days or longer, be sure to notify Christian Sell.

APPENDIX B – ABILITIES FORM

Employee Group:	*Requested By:*
WSIB Claim: ☐ *Yes* ☐ *No*	*WSIB Claim Number:*

To the Employee: The purpose for this form is to provide the Board with information to assess whether you are able to perform the essential duties of your position, and understand your restrictions and/or limitations to assess workplace accommodation if necessary.

Employee's Consent: I authorize the Health Professional involved with my treatment to provide to my employer this form when complete. This form contains information about any medical limitations/restrictions affecting my ability to return to work or perform my assigned duties.

Employee Name: *(Please print)*	**Employee Signature:**
Employee ID:	**Telephone No:**
Employee Address:	**Work Location:**

1. Health Care Professional: The following information should be completed by the Health Care Professional

Please check one:

☐ Patient is capable of returning to work with no restrictions.

☐ Patient is capable of returning to work with restrictions. **Complete section 2 (A & B) & 3**

☐ I have reviewed sections 2 (A & B) and have determined that the Patient is totally disabled and is unable to return to work at this time. **Complete sections 3 and 4. Should the absence continue, updated medical information will next be requested after the date of the follow up appointment indicated in section 4.**

First Day of Absence: _____	General Nature of Illness (***please do not include diagnosis***): _____

Date of Assessment:
dd mm yyyy

2A: Health Care Professional to complete. Please outline your patient's abilities and/or restrictions based on your objective medical findings.

PHYSICAL (if applicable)

Walking:	**Standing:**	**Sitting:**	**Lifting from floor to waist:**
☐ Full Abilities	☐ Full Abilities	☐ Full Abilities	☐ Full Abilities
☐ Up to 100 metres	☐ Up to 15 minutes	☐ Up to 30 minutes	☐ Up to 5 kilograms
☐ 100 - 200 metres	☐ 15 - 30 minutes	☐ 30 minutes - 1 hour	☐ 5 - 10 kilograms
☐ Other (*please specify*):	☐ Other (*please specify*):	☐ Other (*please specify*):	☐ Other (*please specify*):

Lifting from Waist to Shoulder:	**Stair Climbing:**	☐ **Use of hand(s):**	
		Left Hand	**Right Hand**
☐ Full abilities	☐ Full abilities	☐ Gripping	☐ Gripping
☐ Up to 5 kilograms	☐ Up to 5 steps	☐ Pinching	☐ Pinching
☐ 5 - 10 kilograms	☐ 6 - 12 steps	☐ Other (*please specify*):	☐ Other (*please specify*):
☐ Other (*please specify*):	☐ Other (*please specify*):		

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☐ **Bending/twisting** repetitive movement of (*please specify*):	☐ **Work at or above shoulder activity**:	☐ **Chemical exposure to**:	**Travel to Work**: Ability to use public transit _____ Ability to drive car	☐ Yes ☐ No _____ ☐ Yes ☐ No

2B: COGNITIVE (***please complete all that is applicable***)

Attention and Concentration: ☐ Full Abilities ☐ Limited Abilities ☐ Comments:	**Following Directions:** ☐ Full Abilities ☐ Limited Abilities ☐ Comments:	**Decision- Making/Supervision:** ☐ Full Abilities ☐ Limited Abilities ☐ Comments:	**Multi-Tasking:** ☐ Full Abilities ☐ Limited Abilities ☐ Comments:
Ability to Organize: ☐ Full Abilities ☐ Limited Abilities ☐ Comments:	**Memory:** ☐ Full Abilities ☐ Limited Abilities ☐ Comments:	**Social Interaction:** ☐ Full Abilities ☐ Limited Abilities ☐ Comments:	**Communication:** ☐ Full Abilities ☐ Limited Abilities ☐ Comments:

Please identify the assessment tool(s) used to determine the above abilities *(Examples: Lifting tests, grip strength tests, Anxiety Inventories, Self-Reporting, etc.*

Additional comments on **Limitations (not able to do) and/or Restrictions (<u>should/must</u> not do) for all medical conditions**:

3: Health Care Professional to complete.

From the date of this assessment, the above will apply for approximately: ☐ 6-10 days ☐ 11- 15 days ☐ 16- 25 days ☐ 26 + days	Have you discussed return to work with your patient? ☐ Yes ☐ No
Recommendations for work hours and start date (if applicable): ☐ Regular full time hours ☐ Modified hours ☐ Graduated hours	Start Date: **dd mm yyyy**

Is patient on an active treatment plan?: ☐ Yes ☐ No

Has a referral to another Health Care Professional been made?
☐ Yes (optional - please specify): _____ ☐ No

If a referral has been made, will you continue to be the patient's primary Health Care Provider? ☐ Yes ☐ No

4: Recommended date of next appointment to review Abilities and/or Restrictions: dd mm yyyy

Completing Health Care Professional Name:
(Please Print) _____

Date: _____

Telephone Number: _____

Fax Number: _____

Signature: _____