



Division Human Resources	Policy Series	Policy #
Subject Attendance Management	Replaces	
Responsible Authority Director of Education Assistant Director (Human Resources)	Date Approved	
Date Reviewed	Date Revised	

Policy Name:

Attendance Management

Policy Rational/Purpose:

Regular attendance is vital to maintaining a productive and efficient workplace. While the Labrador School Board (“Board”) recognizes that illness or other important matters may keep an employee from work on occasion, there is an expectation that these instances will be kept to a minimum and certainly should never be ongoing. All employees are expected to be able for work, to work safely, and to work on a regular and consistent basis in accordance with their scheduled hours.

Excessive absenteeism impacts everyone and will be dealt with on a case-by-case basis. Employees will be given ample notice of management’s concern with sufficient opportunity and support to correct the problem. The Attendance Management Program (“Program”), which forms a part of this Policy, will focus on *unsubstantiated absence(s)* and *excessive non-culpable absence(s)* in efforts to reduce undue hardship on fellow co-workers.

We recognize and appreciate the fact that the majority of employees have good attendance and will probably never find themselves concerned about this Policy. However, for employees that are on the Program, our objective is to provide the necessary assistance to promote good attendance and an efficient and effective workplace. Overall, this Policy is to assist employees in maintaining regular and reliable attendance.

This Policy is to be read in accordance with the Collective Agreement (“Collective Agreement”) between the Board and the Newfoundland and Labrador Teachers Association (“Union”). In the unlikely event of a conflict between a provisions this Policy and the Collective Agreement, the

Collective Agreement will govern. If any conflicting provision is severed from this Policy the remaining terms of the Policy will remain in effect.

DEFINITIONS

Non-Culpable Absence (innocent absenteeism) – is an absence caused by a bona-fid illness, injury or emergency supported by a medical certificate in the form acceptable to the Board as described by this Policy, or other proof that is reasonable in the circumstance. The absence is normally accepted unless the pattern, frequency or duration becomes disruptive to the workplace.

Culpable Absence (blameworthy) – is an absence without authorization for reasons that are within an employee’s control. Culpable absence will result in discipline, up to and including, termination. Culpable absenteeism may include failure to call in, leaving work early without permission, and unsubstantiated absences (beyond the time allowed in the Collective agreement).

Unsubstantiated Absence - any absence, other than leaves of absences specifically provided for in the Collective Agreement that is not supported by either a medical note in the form acceptable to the Board as described by this Policy or other proof that is reasonable under the circumstances.

NOTIFICATION REQUIREMENTS

If an employee is unable to attend work, he or she should contact the school Principal or Vice Principal at least one (1) hour before scheduled start time to advise of the impending absence. If an employee needs to leave work, he or she should notify the Principal or Vice Principal at least one (1) hour before the impending absence, or if one (1) hour is not possible, then as much notice as is possible in the circumstances. If the reason is not clear (i.e. illness versus emergency) or additional information is required, such as return to work date, the employee will be contacted by the Assistant Director of Education (Human Resources) or his/her designate.

MEDICAL CERTIFICATION

Acceptable medical certification is required for absences of four (4) consecutive days at any time or seven (7) teaching days in the aggregate in any school year.

It is the employee’s responsibility to provide acceptable medical certification of his/her inability to meet employment obligations in order to have an absence from work properly noted on his/her attendance record.

Acceptable certification is defined as a statement from an appropriate medical professional, dated contemporaneously with the time of the absence, stating:

- The employee is unfit for work;
- The employee has been under the medical professional’s care during the absence;
- The employee’s likely return to work date; and
- Any restriction(s) that may be imposed upon the employee’s return.

Attached is a standard form medical certificate. The Board requires all employees to use this standard form.

Under no circumstances will a vague note which simply says something like “off work for medical reasons” be accepted as medical certification under this Policy.

An appropriate medical professional will ordinarily be a physician duly licensed to practice medicine in the province of Newfoundland and Labrador. Where the Board is satisfied that it is not possible to obtain a certificate from a physician as there is no physician in the area, the Board may accept a certificate from a registered nurse practitioner as long as this nurse practitioner is the attending medical professional.

Third party charges for medical certifications are the responsibility of the employee and not reimbursable by the Board, unless a specialized examination is requested by the Board in a particular instance (e.g. Functional Capacity Evaluations).

Unless otherwise directed, acceptable medical certification of absence must be provided to the employee's supervisor immediately upon return to work.

Failure to provide acceptable medical certification as outlined by this Policy will result in the absence being considered as an Unsubstantiated Absence by the Board.

MEDICAL APPOINTMENTS

Employees should arrange all doctor and dental appointments after working hours. If this is not possible, appointments should be made in a manner that minimizes time away from work.

The Board may permit employees to access paid sick leave in order to attend and to travel to doctor and dental appointments if absolutely necessary. Requests for paid sick leave to attend a specialist appointment must be made at least ten (10) days in advance of the appointment and contain the following information:

- The name of the employee;
- The name of the specialist;
- The area of specialty;
- The date and time of the appointment; and
- A detailed description of the travel arrangements (if travel is required).

In addition, unless otherwise directed, immediately upon returning to work the employee must provide a certificate from the medical specialist confirming the date and time of the appointment and that the employee attended the appointment.

Permanent employees covered by Article 5.1 of the Labrador Benefits Agreement may also access up to three (3) non-cumulative paid leave days in the aggregate per year. As per the Labrador Benefits Agreement, this leave will only be utilized when the employee is delayed from returning to the community due to interruptions to a transportation service occurring within Labrador, or at the last departure point directly to Labrador. The employee will be required to provide acceptable documentation to the Board confirming the interruption to the transportation service immediately upon returning to work.

Failure to provide acceptable documentation as outlined by this Policy will result in the absence being considered as an Unsubstantiated Absence by the Board.

ATTENDANCE MANAGEMENT PROGRAM

Employees who have an Unsubstantiated Absence or above average Non-Culpable Absences within a six (6) month period as compared to other employees of the Board, will be placed in the Attendance Management Program.

The Attendance Management Program allows each employee to be dealt with on a case-by-case basis. The Program is designed to set attendance expectations as well as offer support and assistance to employees. It informs employees of the consequences of their actions in a fair, consistent, and non-biased manner.

Under the Attendance Management Program, employees will be required to attend Attendance Review Meetings from time to time with their Supervisor and a Union representative.

At these meetings the Supervisor will:

- Review the employee's attendance;
- Discuss the reasons for the absence(s);
- Review with the employee the Employee Assistance Program (EAP) and provide literature and the phone number for this service;
- Review the Attendance Management Program; and
- Set out the Board's expectations going forward, as outlined in the Attendance Management Program.

If warranted, the employee will be informed that further absences for any reason and any duration will be required to be substantiated by a medical certificate in the form acceptable to the Board as described by this Policy, or other proof that is reasonable in the circumstance.

Employees in the Attendance Management Program for longer than twelve (12) months may be requested to undergo a functional capacity evaluation or independent medical exam, at the expense of the Board, to confirm their suitability for safely performing work and to understand any accommodations that could be provided to assist in improving their attendance.

If an employee has twelve (12) consecutive months without an unsubstantiated absence and without non-culpable absences in excess of the average for the Board, the employee will be completely removed from the program.

Roles and Responsibilities:

Responsible Division: **Human Resources**

The **Assistant Director of Education (Human Resources)** shall be responsible for the implementation, monitoring and revision of this policy.

Review:

This policy shall be reviewed every two (2) years.

MEDICAL CERTIFICATE

TO: Attending Physician and/or Registered Nurse Practitioner

The Labrador School Board is totally committed to employee health and safety and recognizes the rehabilitative benefits of an employee returning to an early and safe work program. To facilitate the early and safe return to work program, please complete this form.

Employee name: _____

Physician name: _____

Physician address: _____

Date and time of visit: _____

Date and time of follow-up visit (if required): _____

I have reviewed the above individual's job description, and the above individual has been assessed by me and is:

IS FIT TO RETURN TO WORK AT FULL CAPACITY WITH NO FUNCTIONAL LIMITATIONS ON _____ (date)

IS FIT TO RETURN TO WORK ON _____ (date) WITH THE FOLLOWING FUNCTIONAL LIMITATIONS (detail functional limitations):

Estimated duration of functional limitations day/weeks: _____

NOT FIT FOR **ANY** WORK

Estimated time before the individual will be able to return to work in **any** capacity

___ day(s) 1 week 2 weeks > 2 weeks (please specify) _____

Signature of Physician: _____ Date: _____

Consent for Release of Information

I, _____ (name of employee), authorize _____ (name of physician or registered nurse practitioner) to communicate the above information regarding my fitness to return to work to the appropriate representative of the Labrador School Board.

Signature of Employee: _____ Date: _____