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| **SICKNESS/INJURY PAYMENTS AND CONDITIONS** |

**A)** **NOTIFICATION OF INCAPACITY FOR WORK**

1. You must notify us by telephone on the first day of incapacity at the earliest possible opportunity and by no later than 10.00 am. Notification should be made personally (or if you are unable to do so, then by a relative, neighbour or friend), to your Line Manager (Thea Buisson - Admin, Daniel Hammond – Surveying & Estimating or Neal Hammond – Site/Contracts). You should try to give some indication of your expected return date and notify us as soon as possible if this date changes. Text messages and emails are not considered acceptable forms of notification for your incapacity for work except out of office hours and should be followed up with a telephone call in line with above.

2. If your incapacity extends to morethan seven days you are required to notify us of your continued incapacity once aweekthereafter, unless otherwise agreed.

**B) EVIDENCE OF INCAPACITY**

1. Doctors’ certificates are not issued for short-term incapacity. In these cases of incapacity (up to and including seven calendar days) you must sign a self-certification absence form on your return to work.

2. If your sickness has been (or you know that it will be) for longer than seven days (whether or not they are working days) you should see your doctor and make sure he/she gives you a medical certificate and forward this to us without delay. Subsequently you must supply us with consecutive doctors’ medical certificates to cover the whole of your absence.

**C) PAYMENTS**

1. You are entitled to statutory sick pay (SSP) if you are absent because of sickness or injury provided you meet the criteria in the current SSP regulations. When you are absent for four or more consecutive days you will be paid SSP by us if you are eligible. This is treated like wages and is subject to normal deductions.

2. Qualifying days are the only days for which you are entitled to SSP. These days are normally your working days unless otherwise notified to you. The first three qualifying days of absence are waiting days for which SSP is not payable. Where a second or subsequent period of incapacity (of four days or more) occurs within 56 days of a previous period of incapacity, waiting days are not served again.

3. Where the circumstances of your incapacity are such that you receive or are awarded any sum by way of compensation or damages in respect of the incapacity from a third party, then any payments which we may have made to you because of the absence (including SSP) shall be repaid by you to us up to an amount not exceeding the amount of the compensation or damages paid by the third party and up to, but not exceeding, any amount paid by us.

**D) RETURN TO WORK**

1. You should notify your direct Line Manager as soon as you know on which day you will be returning to work, if this differs from a date of return previously notified.

2. If you have been suffering from an infectious or contagious disease or illness such as rubella or hepatitis you must notreport for work without clearance from your own doctor.

3. On return to work after any period of sickness/injury absence (including absence covered by a medical certificate), you are also required to complete a self-certification absence form and hand this to your direct Line Manager.

4. Upon returning to work after any period of sickness/injury absence, you may be required to attend a “return to work” interview to discuss the state of your health and fitness for work. Information arising from such an interview will be treated with strictest confidence.

 **E) GENERAL**

1. Submission of a medical certificate or sickness self-certification absence form, although giving us the reason for your absence, may not always be regarded by us as sufficient justification for accepting your absence. Sickness is just one of a number of reasons for absence and although it is understandable that if you are sick you may need time off, continual or repeated absence through sickness may not be acceptable to us.

2. In deciding whether your absence is acceptableor not we will take into account the reasons and extent of all your absences, including any absence caused by sickness. We cannot operate with an excessive level of absence as all absence, for whatever reason, reduces our efficiency.

3. We will take a serious view if you take sickness/injury leave which is not genuine, and it will result in disciplinary action being taken.

4. If we consider it necessary, we may ask your permission to contact your doctor or for you to be independently medically examined.

5. Your sickness/injury absence will recorded on HR System by your Line Manager.

**GENERAL TERMS OF EMPLOYMENT**

**C) TIME OFF**

 Circumstances may arise where you need time off for medical/dental appointments, or for other reasons. Where possible, such appointments should be made outside normal working hours. If this is not possible, time off required for these purposes may be granted at the discretion of your direct Line Manager and will normally be without pay. All such appointments need to be made via the HR System.

**D) BEREAVEMENT LEAVE**

 Individual’s reactions to bereavement vary greatly and the setting of fixed rules for time off is therefore inappropriate. You should discuss your circumstances with your direct Line Manager and agree appropriate time off.

**E) MATERNITY/PATERNITY/ADOPTION LEAVE AND PAY**

 You may be entitled to maternity/paternity/adoption leave and pay in accordance with the current statutory provisions. If you (or your partner) become pregnant or are notified of a match date for adoption purposes you should notify your direct Line Manager at an early stage so that your entitlements and obligations can be explained to you.

**F) PARENTAL/SHARED PARENTAL LEAVE**

If you are entitled to take parental leave or shared parental leave in respect of the current statutory provisions, you should discuss your needs with your direct Line Manager, who will identify your entitlements and look at the proposed leave periods dependent upon your child’s/children’s particular circumstances and the operational aspects of the business.

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|  **SICKNESS SELF-CERTIFICATION ABSENCE** | Form SCA |

**This form should be completed on your return to work following any period of sickness.**

**If you are returning to work after a period of sickness of more than 7 calendar days a medical certificate or certificates should already have been provided to cover the period of absence in excess of these first seven days.**

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|  **NAME:** |  |
| **Dates of sickness** **FROM (Including non-working days) TO****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date**  |
| **Dates of absence** **FROM TO****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am/pm****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date**  |
| **Details of sickness or injury** |
| **Did you consult a Doctor? YES/NO. If YES please give details of:** **Doctor's name, address, date of visit, treatment received and any current treatment. If NO please state why not.** |
| **Declaration****I certify that I was incapable of work because of my sickness/injury on the dates shown above and that this information is true and accurate.****I acknowledge that false information will result in disciplinary action.****I hereby give my employer permission to verify the above information.****Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Acknowledged \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(employee) (for employer)****Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |