



Hail Weston Pre-School, The Village Hall, High Street, Hail Weston, Cambs. PE19 5JS, Tel: 01480 214574

STAFF SICKNESS POLICY

Policy Statement

It is the Pre-Schools practice to support employees who are genuinely sick and unable to come to work and to act reasonable at all times in its dealings with employees.

The Pre-Schools manages attendance by encouraging all its employees to attend work regularly. To achieve this the Pre-School will:

- review your sickness record to assess what action to take
- consult with you
- obtain up-to-date medical advice
- advise you when your employment is at risk
- meet with you to discuss the options and consider your views on continuing employment
- review whether there are any other jobs that you could do prior to taking any decision on whether to dismiss
- allow a right of appeal against any decision to dismiss you on grounds of long-term ill health
- if an appeal is requested, then to hold an appeal meeting

Sickness reporting

It is your responsibility to:

- attend work at the expected time;
- inform your line manager, in accordance with agreed arrangements, prior to any absence, or as soon as is reasonably practical;
- provide a reason for all absences and if possible the anticipated length of absence, plus details of any work which needs to be covered urgently;
- keep your leader informed of progress and the likely date of return, if the period of sickness continues;
- comply with health and safety requirements;
- comply with certification arrangements outlined below:

Length of sickness absence Responsibility of employee

For sickness up to 7 days Complete a self-certification on the first day of your return to work

If sickness extends beyond 7 days Provide a medical certificate promptly and continue to provide medical certificates promptly if the period of sickness continues. Give as much notice as possible of the date and time of return, and report directly to your line manager on return from sick leave; and comply with your line manager's request to take care of your health generally.

It is important that you follow the sickness reporting responsibilities. If you do not, we may have to take disciplinary action against you. As part of the normal managerial process for managing sickness absence the Pre-School has put in place a number of interventions including:

return to work interviews and appropriate sickness absence meetings, to establish causes and agree remedies for absences; and sickness reporting systems.

Hail Weston Pre-School may request a return to work certificate or confirmation of fitness to work following sickness absence in cases where the prognosis is unclear or where there has been a protracted or repeated period of sickness absence.

Serious illness

In order to meet our obligations under Food Safety and Health and Safety Legislation, it is very important to let your line manager know if you are suffering from or have been in contact with a carrier of any serious illness, if it is:

- contagious;
- infectious; or
- likely to cause food poisoning.

Medical and dental appointments

We prefer you to make appointments with your doctor, dentist or hospital outside working hours or at the beginning or the end of the working day. Where this is not possible, agree a mutually convenient time with your line manager and give at least 48 hours notice.

Major Sporting events and absence procedure

Throughout any given year there will be major sporting events i.e. The World Cup, European Football Championship, Wimbledon etc. These events are normally televised from morning and throughout the working day. Staff are expected to co-operate with their managers to ensure that seeking to watch these events doesn't compromise the running of the Pre-School.

This policy was adopted at a committee meeting of HAIL WESTON PRE-SCHOOL ACTIVITY GROUP held on January 2020

Date to be reviewed: January 2021

Signed on behalf of the Management Committee:.

Lizzie Spear

Signatory:.....

Role of signatory: Chairperson



Hail Weston Pre-School Self-certification of Sickness

If you are unable to attend work, please telephone your line manager on the first day of sickness. When you return to work please complete this form and hand it to your line manager who will carry out a return to work interview with you.

Name of Employee: _____

Position Held: _____

I certify that I was absent due to sickness - State Day(s) & Date(s)

From: To: _____

Due to: _____

And I returned to work on: _____

Taking a total of _____ days/hours sickness

For sickness in excess of 7 days, you must obtain a doctor's certificate.

Don't delay seeing your doctor if you need medical advice or treatment

Signed: _____ Date: _____

To be completed by the line manager:

I accept the above self-certification of sickness.

Signed: _____ Date: _____

Now complete the Return to Work Form on the reverse side.



Hail Weston Pre-School Return to Work Form

Name of employee: _____

Date of interview: _____

Conducted by: _____

Date of return to work: _____ No. days absent: _____

1. Was the setting notified of the absence in line with the required practice/policy? YES/NO

2. From today's date, how many day's absence have there been in the last year? _____

3. Over how many occasions? _____

4. If applicable, has the employee previously been informed that their absence record is of concern to the setting? YES/NO

5. When and how did the injury or illness occur?

6. How long was she/he ill? _____

7. Did s/he seek medical attention? YES/NO

8. Did s/he speak to a doctor? YES/NO

9. Did s/he visit a hospital or clinic? YES/NO

10. Is s/he taking any medication? YES/NO

11. Is a Medical Report necessary? YES/NO

12. Is there any part of the employee's job that may aggravate the Condition? YES/NO
If yes what can be done to support the employee?

13. Is this absence part of an overall pattern? YES/NO

14. Has the employee been informed of the effect on the setting and colleagues of persistent short-term absence and that it may place continued employment at risk? YES/NO

15. Is further action necessary? (If yes, please state below.) YES/NO

Signed Line Manager: _____ Date: _____

Signed Employee: _____ Date: _____

