**Sick Leave Policy 2.4**

Approved: April 2013

Updated and Reviewed: May 2020, September 2021

*Purpose:*

FMUC is committed to responding to its employees’ needs when faced with sickness, injury and/or quarantine through exposure to contagious disease.

*Policy:*

Permanent fulltime and permanent part time employees are entitled to 12 days of sick leave with pay each calendar year. An employee who is first appointed after January 1 is entitled to a pro-rated portion of the entitlement for that year. Up to 12 days of unused sick leave may be carried over for one calendar year only.

Casual and contract staff are entitled to 3 days of sick leave with pay each calendar year.

In accordance with BC provincial health officer, any employee (full time, permanent part time or casual) that develops symptoms of illness must not return to work until his/her symptoms have resolved and is no longer contagious. If symptoms of illness develop while in the workplace, an employee is required to leave the workplace as soon as possible in order to recuperate and to minimize the spread of possible contagious disease.

*Procedures:*

1. An employee must advise her/his supervisor and Ministry and Personnel (M&P) Committee when s/he will be absent from work due to sickness and ensure that the immediate supervisor and M&P Committee are apprised of the length of time s/he is expected to be absent.

2. Absence from work for less than five consecutive working days requires employees to complete a Request for Leave form upon return to work

3. Absence from work for five consecutive working days or longer requires a doctor’s certificate to permit qualification for Restorative Care Plan

4. Additional medical assessment may be requested if frequency of absenteeism is a concern to the Church.

5. Vacation continues to accrue during the time for which the employee is on paid sick leave.

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**Employee Acknowledgement Form**

I hereby acknowledge that I have received and read FMUC Employee Sick Leave Policy 2.4 (updated September 2021) and that I am fully aware of its terms and agree to abide by the conditions contained within it.

Name:

Signature:

Date: