



Banc Ceannais na hÉireann
Central Bank of Ireland
Eurosystem



Human
Resources

Absenteeism Management Policy

Applicable to: All Employees

Policy Owner: HR Support Manager, Human Resources
Division

Document History

Document Location

The most current version of this policy is available on the HR Site on Plaza. Paper copies are valid only on the day they are printed. Refer to the owner if you are in any doubt about the accuracy of this document.

Revision History

This document will be reviewed from time to time to take into account changes in legislation, organisational developments and experience of the policy in practice.

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Approvals

This document requires the following approvals:

Title:	Human Resources Director
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Distribution

This document has been distributed to the approvers listed above, plus:

Name:
Senior Management Committee and Heads of Division
Unite Union
SIPTU Union

Contents**Page No**

1. Background	3
2. Impact of Absenteeism on the Organisation	3
3. Types of Absenteeism	4
4. Responsibilities of Employees	4
5. Responsibilities of Local Management relating to Absenteeism	5
a. The Return to Work Conversation	5
b. Monthly Liaison with HRD	8
c. Annual Review of Staff Medical Absences	8
6. The HR Role in Managing Absenteeism	9

Annexes

Annex 1	Referrals to Occupational Health Specialist	13
Annex 2	Graduated Return to Work Policy	17

1. Background

The Central Bank of Ireland (CBI) has a long-standing policy of absenteeism management and monitoring of absences which is balanced with its policy of ensuring that staff enjoy as safe and as healthy a working environment as is practically possible.

This policy is supported by:

- **Safety Statements**, underpinned by current Health and Safety Legislation;
- A **Health and Well-Being at Work** Policy;
- **Sick Leave** Regulations;
- Programmes aimed at increasing **health awareness** and identifying **medical problems** at an early stage;
- Availability of an **Employee Assistance Officer**;
- Availability of an external **Employee Assistance Programme**.
- Availability of an **Occupational Health Specialist**.

The scope of this document is:

- a) to provide an understanding of the full impact of absenteeism on the day-to-day efficiency of the organisation;
- b) to promote greater awareness of the importance of employee recovery; and
- c) to provide a practical and consistent approach towards managing absenteeism levels in the organisation.

2. Impact of Absenteeism on the Organisation

Absenteeism is a direct cost on the organisation as it represents payment without contributing to the work of the affected Department. In this organisation, similar to the broader public service, staff continue to be paid while on sick leave, up to certain limits. In addition, the indirect costs relating to the impact on colleagues in the office who carry a heavier workload, and the cost of training/retraining staff for cover or on return, are also significant. Absenteeism can disrupt the team environment and affects staff morale in the longer term. It is therefore essential that employees are offered all reasonable support to ensure optimum attendance levels and minimise absenteeism.

3. Types of Absenteeism

A minority of staff record a high number of sick leave episodes, including those who have serious health problems, but it includes a small percentage of staff who may be misusing the sick leave regulations and therefore gaining payment to which they are not strictly entitled. While the concerns regarding both patterns of absence are different, establishing which category individuals belong to can prove difficult. Therefore, best practice suggests that all absenteeism should be managed in an active, structured and objective manner. This avoids accusations of victimisation of individuals and ensures consistent treatment of staff throughout the organisation. In addition, early intervention, in cases where attendance falls below reasonable levels, is necessary to ensure appropriate action is taken by both the employee and management.

4. Responsibilities of Employees relating to Absenteeism

Before addressing the role and responsibilities of local management and HRD in relation to absenteeism, it is appropriate to first clarify the responsibilities of staff members in relation to absenteeism. Staff are required:

- to carry out their duties by way of regular and uninterrupted attendance at work;
- to take responsibility for their own health;
- to advise local management of any matter that may affect their attendance;
- to avail of appropriate services where relevant and necessary e.g. Employee Assistance Programme;
- to cooperate fully with reasonable rehabilitative measures to facilitate a return to work as quickly as possible;
- to minimise absences arising from accidents or ill-health by complying with Health and Safety requirements and taking reasonable care of their own safety and that of others; and
- to comply with the organisations Sick Leave Regulations.

5. Responsibilities of Local Management relating to Absenteeism

Local management (refers to all supervisory grades up to Head of Function) are the key players in the management of absenteeism given their better understanding and knowledge of their staff and the fact that their area/department is directly impacted by the consequences of absences. It is ultimately the role of local management to promote high levels of attendance in accordance with this policy.

HR support and guidance is always available as a resource to local management in cases of absenteeism. The recommended approach to the management of absenteeism centres around three key elements:

1. The “return to work conversation”;
2. Monthly liaison with HRD regarding current absences; and
3. Annual Review of staff medical absences with individual staff members.

If local management have any, above normal, concerns regarding the health and related absences of a staff member, they should liaise with their own Head of Department or HRD, as appropriate. In such cases, it may be appropriate that an appointment with the Occupational Health Specialist be arranged.

(1) The Return to Work Conversation

It is important to stress that all “return to work” conversations should be caring and amicable with the objective being to ensure that the health and welfare of staff is being attended to appropriately by both the employee and those who care for them medically.

- On the **first day of return to work following a period of illness** by an employee, the “return to work conversation” should take place between the person who was absent and the supervisor¹.
- While the “return to work conversations” should always take place between the person who was absent and the supervisor, there may be certain circumstances where an additional “conversation” might be appropriate at a higher level, for example:

¹ The supervisor is the person who normally authorises leave for that person. In exceptional circumstances, where a supervisor feels uncomfortable having a return conversation with a returning staff member, the supervisor can request his/her own supervisor to have the conversation.

- when the number of spells² absent due to illness exceeds **3 in a 6 month period** or **5 in a 12 month period**;
- when the absence has been **greater than 2 weeks**;
- when the immediate supervisor considers there is an issue which requires **discussion at a higher level**.

The “conversation”

While the majority of “return to work conversations” will be supportive and amicable, HR support is available for any supervisor/management should they feel uncomfortable regarding a conversation they need to have which they think may be difficult.

A. *General Issues which should be addressed*

The following *general issues* should be addressed with staff in the “conversation”:

- All conversations will include a welcome back and an enquiry re the staff member’s current general state of health.
- Staff should be briefed on any developments in the workplace in their absence.
- Although the person is medically fully fit for work, it may, in some circumstances, be appropriate to discourage overtime for an initial period, particularly if the staff member has been absent a long time.

B. *Frequent Absences*

In all cases where absences due to illness become frequent, an additional conversation should take place with someone higher than the regular supervisor. It may also be appropriate to recommend to HRD that the staff member attend the Occupational Health Specialist. This course of action will depend on the availability of the Occupational Health Specialist and the duration of the absences. If there is a concern that a staff member may be misusing sick leave, a referral to the Occupational Health Specialist must be requested.

Short Absences (1 – 2 days): If a trend exists regarding absences, this should be discussed with the staff member for clarification on any issues. If the absences are mostly uncertified, the staff member may need the attention of a GP when they are sick and they could be advised accordingly.

Long Absences (over 3 days): All such absences will have been medically certified and it may therefore be appropriate to ensure that the level of medical care is

² A spell of absence is an unbroken period of time off, amounting to anything from a day upwards.

appropriate. For example, perhaps the staff member needs to be referred by their GP to a specialist.

C. *Infrequent Absences*

The nature of the “conversation” will depend on whether the absence has been of short or long duration.

Short Absence (1 –2 days): It may be that a brief chat at the staff member’s desk/office is sufficient to acknowledge their absence and enquire re his/her current general state of health.

Long Absence (over 3 days): In such cases, a sit-down conversation may be appropriate to acknowledge the absence and enquire re his/her current general state of health. An update of work issues occurring during the absence will also be appropriate.

D. *Long-term Absences*

As a general rule, if a staff member has been absent on sick leave for more than **4 weeks** they may be referred to the **Occupational Health Specialist**.

This process ensures that HRD and the relevant management are fully briefed regarding the prognosis for return to work. Procedures require staff to provide a “**fitness to return to work**” cert following a period of absence of **4 weeks or more**. In certain cases, particularly if the staff member has undergone surgery, a graduated return to work may be facilitated (see Annex 2). On return to work, a sit-down conversation with the staff member is appropriate to ensure everything is in place to enable full and smooth reintegration in the workplace.

E. *Extended Absences and Medical Retirement*

Extended absences on sick leave tend to be dealt with centrally by the HR Division on an ongoing basis and the relevant management are kept informed. Such staff are reviewed regularly by the Occupational Health Specialist. When an absence extends towards two years, or the illness is chronic with a poor prognosis for recovery, reviews for medical retirement are often deemed appropriate. These are dealt with between HRD, the Occupational Health Specialist and the Medical Consultant dealing with the staff member. (See also section 6D.)

(2) *Monthly Liaison with HRD*

On a monthly basis, all supervisors will receive notification from HRD regarding absences in their area during the previous month. They will be asked to confirm to HRD that the “conversation” has taken place, and at what level. Any issues arising from such “conversations”, which may warrant the attention of HRD e.g. Referral to the Occupational Health Specialist, will be notified on this occasion.

(3) Annual Review of Staff Medical Absences

On a quarterly basis, HRD will provide statistical information to Management regarding individual staff records of medical absences during the quarter and previous 12 months.

Once per year, the Head/Deputy Head of Department is obliged to inform each individual staff member of their sick leave statistical record for the year. The information provided will include:

- Actual statistics regarding **certified** and **uncertified sick leave**;
- Comparison with the **organisational** and **departmental** average;
- Comparison to previous **quarters/years**.

This task can be delegated to senior staff within a department as appropriate. However, if there are particular concerns relating to the staff member’s sick leave, these should be addressed with the staff member by the Deputy Head or Head of Department.

Management are required to revert to HRD indicating that this process has taken place.

Summary Role of Local Management

- to **promote high levels of attendance** in accordance with this policy;
- to hold **return to work conversations** after each period of absence;
- to **advise staff members** when their attendance record is a **cause for concern** when necessary e.g. frequent short-term absence;
- to **participate fully in the monthly liaison** with HRD and the Annual Review of staff absences due to illness;
- to seek **support and advice from HRD**, when necessary, in relation to the management of attendance issues;
- to take all **reasonable steps to accommodate** a graduated return to work in line with any medical recommendations.

6. The HR Role in Managing Absenteeism

As well as reviewing the organisational policy on absenteeism on a regular basis, the HR Division plays a significant role in the management of absenteeism as follows:

A. Support of Local Management

- Statistical information is provided to local management quarterly and ad hoc on request;
- Advice and guidance to staff and management on the supports available through the Employee Assistance Officer (may be independent or at the request of local management);
- Referral of staff to the Occupational Health Specialist (may be independent or at the request of local Management);
- Advice and guidance to management on how to handle particular cases;
- Liaison role with management on individual cases being handled at HR level.

B. Centralised HRD Tasks

- Ensuring a consistent approach to compliance with the organisation's Sick Leave Regulations;
- Ongoing monitoring of staff absences, particularly frequent and long term absences;
- Referrals to the Occupational Health Specialist when necessary (see Management of Individual Cases below and Annex 2 for the detailed HRD procedure relating to this);
- Co-ordination of annual review of organisational sick leave absences;
- Management of specific cases where "fitness to return to work" certificates are required.
- Management of Graduated Return to Work policy (Annex 3);
- Attention to absences due to stress (see below); and
- Extended Absences and Medical Retirements (see below).

C. Absences due to Stress

Staff absences on sick leave due to stress-related illnesses (where this information has been freely given by the staff member) receive special attention by HRD. If an illness certificate is received for a staff member citing "stress" or "anxiety" as the reason for absence, HRD act as soon as possible, via the Occupational Health Specialist, to identify

whether the stress has been caused due to any work-related factors. Failure to address the causes of work-related stress can expose the organisation to a greater liability should the issue persist.

In any case of stress or anxiety, an appointment with the Occupational Health Specialist is usually organised to identify possible measures to alleviate the stress and ensure the staff member's return to work. Depending on the circumstances, HRD may need to work closely with the relevant members of management.

D. Extended Absences and Medical Retirements

HRD actively manages extended absences and keeps local management informed. Such absences are generally due to serious illness. When an absence/ illness continues and the prognosis for return to work is unclear, independent assessment or consultant assessment will be requested which may indicate the need to move towards retirement on medical grounds.

E. Management of Individual Cases

The management of all absences of more than 4 weeks, as well as cases of frequent absences or absences due to stress-related conditions (where known), receive particular attention in HRD. The process for managing individual cases is outlined in detail in Annex 2 and involves the Occupational Health Specialist, the EAO, the HR Advisory Manager and the Head and Deputy Head of HR. The local Head of Department will be involved through their liaison with the HR Advisory Manger.

Annex 1

Referrals to the Occupational Health Specialist

The Occupational Health Physician (OHP) visits the organisation on a monthly basis for a full morning. In general, the OHP sees four members of staff during each visit. The Occupational Health Advisor (OHA) visits the organisation on a weekly basis for a full afternoon. In general, the OHA sees four members of staff during each visit.

HRD Monthly Procedure

In deciding which staff members should see the Occupational Health Specialist during a visit, the following procedure is followed:

- if a **request from management** has been received to have a staff member referred, this request is reviewed by the HR Advisory Manager and, if deemed appropriate, this staff member is referred to the Occupational Health Specialist;
- if **medical certificates** for any staff member have been received with “Stress” (or related disorder) as the nature of illness, these staff are referred to the Occupational Health Specialist;
- a **report of staff absences** of more than **4 weeks** is produced from the time management system. This report is examined to determine which staff should be asked to see the Occupational Health Specialist. In general, staff that emerge from this report are (1) absent with perhaps an above average length of time for the nature of illness (if known) and we need to get a medical prognosis on return to work; (2) staff absent for 4 weeks or more, where a medical prognosis on return to work is required; (3) staff who have had surgery or other serious illness who we know are returning to work soon for whom we need clearance regarding their fitness to return to work; (4) staff whom the Occupational Health Specialist has seen before and for whom an imminent return to work was indicated but they are still absent;
- if the Occupational Health Specialist has asked for follow-up appointments for any staff, these are scheduled according to the request;
- Departmental sick leave statistics are examined and staff with high levels of sick leave absence are asked to attend the Occupational Health Specialist.
- These cases would generally be where the staff member either shows no particular trend in their illnesses or, where there is a trend, that no evidence exists to indicate the staff member has had their level of care escalated from GP to specialist level

(indicating that perhaps the condition is not being treated with the level of seriousness it might deserve by the medical profession).

Follow-Up

Having seen the staff member, the Occupational Health Specialist provides the HR Advisory Manager with an assessment report of the case detailing his/her prognosis on return to work and any follow-up recommendations. Local management are provided with a brief and relevant summary of this report relating to the general status of health and the prognosis for return to work. Any action required by local management is also indicated. In some cases, the Occupational Health Specialist seeks to have follow-up appointments with staff following a suitable period of time.

In addition, following a consultation of a staff member with the Occupational Health Specialist, the latter may, with the prior consent of the staff member, contact the staff member's GP to discuss the case. If there is any disagreement between the Occupational Health Specialist and the staff member's GP, a referral for an independent medical specialist assessment may be advised.

Medical Review Meetings are held regularly following the visit of the Occupational Health Specialist. This meeting is attended by the EAO, the HR Advisory Manager and the relevant senior officer in HRD. All current cases are discussed and action points regarding follow-up recommended by the Occupational Health Specialist are agreed.

Individual Files are held by the Occupational Health Specialist for every staff member who attends him/her. These files are held in a secure location on the Bank's premises.

Overleaf is an extract from the Sick Leave Regulations which outline for staff the main reasons why they might be asked to attend the Occupational Health Specialist.

Extract from Sick Leave Regulations

3.6 Referral to the Bank's Occupational Health Specialist

The Bank may, at its own discretion, refer any member of the staff to its Occupational Health Specialist. Referrals are usually initiated by either HRD or local management, as part of the Bank's **Absenteeism Management policy**. A staff member may seek a referral

via local management if they have a concern regarding their work environment affecting their health.

The following are the main reasons³ why a member of staff might be referred to the Occupational Health Specialist (see the FAQs also):

- ***Staff member on extended sick leave*** - as a general rule, a staff member who has been absent on sick leave for **4 weeks** or more may be referred to the Occupational Health Specialist. The objective is generally to check and inform HRD that the staff member's illness is being managed in the best way possible to ensure a full and speedy recovery. During the consultation, the Occupational Health Specialist may be in a position to make a prognosis on the staff member's return to work. This is clearly in the interest of the staff member but also in the interest of the organisation and the remaining staff who have to carry the additional workload due to the absence of their colleague. It also helps to ensure that HRD can put in place any support system necessary for the staff member's transition back to work.
- ***Staff member has repeated absences through sick leave*** - the objective is to check whether there is an underlying reason as to why this person is absent so often. It may be the case that the staff member should be referred to a specialist medical practitioner or it may be the case, although exceptional, that the staff member is misusing the sick leave regulations. This also provides the opportunity to ascertain whether support in the workplace is required to reduce sick leave absences. The Occupational Health Specialist would advise HRD on the need for such support and HRD can thereafter take action to help provide it.
- ***The reason for sick leave is thought to be work-related*** - If a staff member is injured in work, it would be expected that the organisation keep a close eye on their recovery through referrals to the Occupational Health Specialist. Also, the Bank has a duty of care to ensure that the work environment is not contributing to any stress-related illnesses among staff. If this is thought to be the case, HRD will be advised by the Occupational Health Specialist and the appropriate actions can be initiated.

³ Every individual case is different. Therefore the above is not intended to be an exhaustive list of reasons why a staff member might be referred to the Medical Adviser or to explain what the objective of the referral is always intended to be.

Following a consultation of a staff member with the Occupational Health Specialist, the latter will issue a report to the HR Advisory Manager. This report will provide information on such issues as fitness to work, prognosis on fitness to work, remedial actions required of the employer and/or employee to ensure a return to work as soon as possible, advice on referrals to specialists, advice on improving attendance in the future etc. Appropriate action, if any, following the consultation will be taken by the HR Division (in liaison with relevant departmental management where necessary). In some cases, and if appropriate, the Occupational Health Specialist may, with the prior consent of the staff member, contact the staff member's GP to discuss the case. If there is any disagreement between the Occupational Health Specialist and the staff member's GP, a referral for an independent medical specialist assessment may be advised.

Annex 2

GRADUATED RETURN TO WORK FOLLOWING AN EXTENDED PERIOD OF SICK LEAVE

The purpose of this policy is to assist staff to re-integrate into the workforce following an extended absence on sick leave, in particular those in post-operative recovery. The program is designed to operate in conjunction with the medical advice of the staff member's Consultant/GP. The other parties involved in the process are the Bank's Occupational Health Specialist, HRD and local management. It is expected that at the end of the agreed timeframe the individual will be ready to return to their previous work arrangement. In general, the programme is designed for a period of 4 to 6 weeks although some staff may require a longer period. This is dependent on the personal circumstances of each case.

This programme has been designed as part of the absenteeism management and reintegration process and is not designed to supplement the sick pay scheme.

Central Bank of Ireland

Sick Leave Regulations for Professional and Administrative (P&A) Staff

Policy Owner:



Human Resources Division – June 2014



Introduction

The Central Bank of Ireland (the “Bank”) places great emphasis on the attendance of all staff at work as it is an important aspect of job performance. The purpose of this policy is to regulate the procedure for attendance and apply consistent standards throughout the organisation.

The following regulations govern the terms and conditions applying in respect of Professional & Administrative staff who may have to avail of sick leave in the course of their employment. Staff should be aware that the payment of salary/wages during periods on sick leave is always at the absolute discretion of the Bank.

1. Certified Sick Leave

1.1 General Information

Certified Sick Leave includes the following:-

- Absence from work, due to illness, which is supported by a doctor's certificate. Absences of **more than two consecutive working days** must be certified.
- Attendance at medical specialists, e.g., consultants, who do not sit outside of normal working hours. Appropriate evidence of attendance must be provided in respect of each visit.
- Attendance at specialist medical services⁴ (e.g., x-ray, hospital physiotherapy), which are not available outside of normal working hours. Appropriate evidence of attendance at the hospital/clinic should be provided in respect of each visit. The expectation is that such visits should have a minimum impact on working hours with the maximum impact being half a working day. Visits which last more than half a working day must be supported by evidence of the appointment start and completion times or a certificate stating that the staff member was unfit for work on the day.

1.2 Medical Certificate Requirements

A medical certificate must be:

- The **original** copy
- be on **appropriately headed notepaper**

⁴ For the purposes of these regulations medical specialists do not include alternative medical practitioners e.g. Chiropractors, Acupuncturists, Osteopaths etc. – see also section 3.3.



- **Signed by the doctor only.** A certificate signed by, for example, a doctor's secretary will not suffice.
- Must be **legible**.
- State clearly **the date of the consultation and the date for return to work and general nature of illness or injury preventing them from attending work.**

Staff should be aware that, while the Bank has a duty of care to its employees under Health and Safety legislation, this duty is diminished when the nature of illness has not been provided on medical certificates.

Certificates are normally accepted for an absence of **up to one week** but in exceptional cases they will be accepted for an absence of **up to one month**. Certificates without information regarding the “general nature of illness or injury” will not be accepted for periods of more than one week. Certificates will not be accepted for a period greater than one month. The Bank will, at its own discretion, investigate any medical certificate received, which may involve contacting the relevant medical practitioner for verification of attendance.

Certificates should be submitted to HR Support, HRD with a covering note, not later than **the third day of illness**. See also section 3.1.

2. Uncertified Sick Leave

2.1 General Information

Uncertified sick leave is defined as **absence from work due to illness - without certification by a doctor - for up to, and including, two consecutive working days**.

For the purpose of this policy, a Friday and the following Monday are not considered consecutive working days. For staff on continuous shift the day before and after rest days are not considered as consecutive working days. In these circumstances absence due to illness must be certified.

Uncertified sick leave is a privilege, and not an entitlement, which the Bank gives to staff. Therefore, the Bank reserves the right to withdraw this privilege where it deems it to be necessary.

The number of days a staff member may be absent through illness without a medical certificate, in any period of 24 months, reckoning backwards from the date of the latest absence, must not exceed an aggregate of 7 days (the number of days are pro-rated in the case of staff on atypical arrangements). If this occurs the Bank will



decide whether the excess involved shall be deducted from contractual annual leave or pay (i.e. be treated as leave without pay).

Days of uncertified sick leave immediately preceding or following annual leave, flex leave, weekends or public holidays may be liable to particular scrutiny. For example, such uncertified sick leave may be noted on the staff member's personnel file and/or depending on the staff member's sick leave record, they may be required to take annual leave for such absences.

2.2 Notification of Uncertified Sick Leave

In the case of uncertified sick leave, a request for this absence should be completed immediately on return to work, through HR Central under the book time off option. It should state the **period covered** and the **general nature of the illness or injury** preventing them from attending work.

3. Procedures related to Sick Leave

3.1 Notification of Supervisor

The immediate supervisor should be **called by phone** (text messages, voice mails or messages to another staff member will not suffice) before **10.00 a.m.** on the first morning of any absence on sick leave. The staff member should, insofar as is possible, give an indication as to how long the illness is likely to be.

If illness is certified by a doctor, a **medical certificate** together with a covering note, covering points 1.2 above should be forwarded to HRD through your line manager no later than **the third day of illness**. HRD may suspend staff wages/salaries until appropriate certification is received.

3.2 Illness during Working Hours

3.2.1 Use of Recovery Room/Medical Room 7

The organisation provides a quiet room for staff that become unwell during the working day, in order that they may take some time to recover. In this instance, staff must inform their supervisor/colleague that they are going to the recovery room and the supervisor should check the staff member on a regular basis (every ten minutes is recommended). This facility is available in Dame Street, Sandyford, Iveagh Court and the Spencer Dock premises. Staff should be aware that this facility should only be used on a short term basis and Human Resources Department (HRD) recommend generally that if a staff member advises that they are feeling unwell they should notify local management and then either go home and/or seek medical assistance, as necessary.



It should be noted that the Medical Adviser also has use of the various medical rooms throughout the organisation from time to time. Consequently, it would be advisable that staff check with the relevant staff in the area to ascertain that the relevant room is available.

3.2.2 If a staff member needs to go home

If a staff member feels so ill that they need to go home, they should report the matter to their supervisor and seek permission to leave work. The absence will be treated as one half-day's uncertified sick leave. (Flexible Working Hours regulations, where applicable, should be read in conjunction with this section). If a staff member is too ill to go home alone, a colleague may accompany him/her (drive or arrange a taxi). Depending on the situation, it may be advisable for the colleague to ascertain the possibility of an immediate visit of the staff member to his/her GP.

When a staff member has left work during the working day due to illness, the staff member should contact their supervisor as soon as possible after they arrive home to let the supervisor know that they have arrived home safely and that they are being appropriately cared for.

3.2.3 Serious Illness

In extreme circumstances, an ambulance should be called immediately, ideally via security to ensure quick and easy access for ambulance staff:

Dame Street complex	Extension	XXXX
Currency Centre	Extension	XXXX
Spencer Dock	Extension	XXXX
Iveagh Court	Extension	XXXX

The assistance of the nearest First Aid Officer should be acquired immediately in these circumstances. In case the use of a defibrillator is required, the Health and Safety notice board should be consulted immediately for information on the location of the nearest defibrillator and trained operator.

3.3 Medical Appointments

When making appointments with General Practitioners, Dentists, Opticians, Chiropodists, non-hospital Physiotherapists, alternative medical practitioners etc., staff should ensure that such appointments are fixed for a time **outside of normal working hours**. If absence from work is incurred in attending such appointments it does not qualify as certified sick leave and must, therefore, be taken at the staff member's own expense (i.e., from annual leave or by deduction from salary). For staff on the flexible working hours system, infringements incurred **before**



11am and after 3.15pm in attending these appointments will be deleted on production of relevant documentation.

If a particular case is considered to be exceptional, e.g., an emergency, then the staff member should obtain an explanatory medical certificate to cover the appointment. It should be noted, however, that the presentation of such a certificate will not automatically entitle a staff member to a full, or half-day's, certified sick leave. Unless the certificate states that the person is unfit for work for the full, or half day, then the staff member will be expected to report to work.

3.4 Attendance at work while absent through illness

For health and safety reasons, a staff member may not enter any of the Bank's premises while on certified/ uncertified sick leave except with the express permission of the Head of Human Resources Department.

3.5 Returning to work following illness

Staff returning to work following absence on sick leave must report to their supervisor before commencing work.

A staff member must not return to work before the date stated on the medical certificate unless HRD is provided with a note from the doctor stating that the staff member is fit to resume duty. In some circumstances, depending on the nature of the work, the length of the illness or the nature of the illness, if known, the staff member may be asked to attend the Occupational Health Specialist for full reassurance on fitness to return to work.

Graduated return to work after long-term sick leave

In exceptional circumstances, particularly post-operative, a medical adviser may consider that a reduced attendance at work for a short time is necessary to facilitate a staff member's reintegration into the workforce. The Bank may facilitate a gradual return to work through a process involving local management, HRD, the Occupational Health Specialist and the staff member. This is a facility towards recovery and integration, rather than for prolonged illness.

3.6 Referral to the Bank's Occupational Health Specialist

The Bank may, at its own discretion, refer any member of the staff to its Occupational Health Specialist. Referrals are usually initiated by either HRD or local management, as part of the Bank's **Absenteeism Management policy**. A staff member may seek a referral via local management if they have a concern regarding their work environment affecting their health. The following are the main reasons why



a member of staff might be referred to the Occupational Health Specialist.⁵ (also see the FAQs for further information):

- *Staff member on extended sick leave*
As a general rule, a staff member who has been absent on sick leave for 4 consecutive weeks may be referred to the Occupational Health Specialist. The objective is generally to check and inform HRD that the staff member's illness is being proactively managed in the best way possible to ensure a full and speedy recovery. During the consultation, the Occupational Health Specialist may be in a position to make a prognosis on the staff member's return to work. This is clearly in the interest of the staff member but also in the interest of the organisation and the remaining staff who have to carry the additional workload due to the absence of their colleague. It also helps to ensure that HR can put in place any support systems necessary for the staff member's transition back to work.
- *Staff member has repeated absences through sick leave*
The objective is to check whether there is an underlying reason as to why this person is absent so often. It may be the case that the staff member should be referred to a specialist medical practitioner or it may be the case, although exceptional, that the staff member is misusing the sick leave regulations. This also provides the opportunity to ascertain whether support in the workplace is required to reduce sick leave absences. The Occupational Health Specialist would advise HR on the need for such support and HR can thereafter take action to help provide it.
- *The reason for sick leave is thought to be work-related*
If a staff member is injured in work, it would be expected that the organisation keep a close eye on their recovery through referrals to the Occupational Health Specialist. Also, the Bank has a duty of care to ensure that the work environment is not contributing to any stress-related illnesses among staff. If this is thought to be the case, HR will be informed through the Occupational Health Specialist and the appropriate actions can be initiated.

Following a consultation of a staff member with the Occupational Health Specialist, the latter will issue a report to the Manager, HR Advisory. This report will provide information on such issues as fitness to work, prognosis on fitness to work, remedial actions required of the employer and/or employee to ensure a return to work as soon as possible, advice on referrals to specialists, advice on improving attendance in the future etc. Appropriate action, if any, following the consultation will be taken by the HR Department (in liaison with relevant departmental management where

⁵ Every person is different, this is not intended to be an exhaustive list of reasons why a staff member might be referred to the Medical Advisor or to explain what the objective of the referral is always intended going to be based on.



necessary). In some cases, and if appropriate, the Occupational Health Specialist may, with the prior consent of the staff member, contact the staff member's GP to discuss the case. If there is any disagreement between the Occupational Health Specialist and the staff member's GP, a referral for an independent medical specialist assessment may be advised.

3.7 Retirement through Ill-Health

As is normal practice, sick leave and absences are monitored on a regular basis and the Bank's EAO maintains contact with staff on extended sick leave. Where a staff member has been absent from work for a period of two years or more, or where the illness is such that

he/she is unlikely to be fit for work again, their case will be reviewed by the Occupational Health Specialist in consultation with the staff member's medical adviser, and the option of early retirement on grounds of ill-health may be considered. An independent medical assessment is likely to be recommended before a final decision is taken. Staff will be fully advised of their entitlements under the Superannuation Scheme. Staff have the right to appeal a decision to retire them if they consider that their health does not prevent them from returning to work. Such an appeal must be on the basis of supporting medical evidence.

Retirement on medical grounds may also be initiated by the staff member themselves, by applying in writing to HR Policy and Advice with supporting medical evidence. An independent medical assessment is likely to be required before a final decision is taken.



4. Payment Procedures while on Sick Leave

Notes:

- The following procedures relate to full-time staff members. Payments to atypical and part-time staff will be pro-rated accordingly.
- In the event that a staff member is involved in a non-occupational accident and is pursuing a third party claim for loss of earnings in connection with their disablement, the staff member is obliged to take into account the costs to the Bank for paid sick leave. The Bank should then be reimbursed accordingly.

4.1 All P&A Staff

- (i) *on Modified Rate of PRSI (Class D) – staff employed before 6 April 1995; and*
- (ii) *on Full Rate of PRSI (Class A) – staff employed after 6 April 1995.*

4.1.1 All P&A Staff

From 1 June 2014 the following sick pay arrangements will apply:

- **92 days (max.)** full pay in a rolling 1 -year period;
- Followed by **91 days (max.)** half pay in a rolling 1-year period;
- Subject to a maximum of 183 days paid sick leave in a rolling 4-year period;
- Thereafter, Temporary Rehabilitation Pay (TRP) will apply subject to the staff member having completed 5 years reckonable service⁶

4.1.2 Temporary Rehabilitation Pay (TRP) / Critical Illness

Temporary Rehabilitation Pay (TRP) was formerly referred to as Pension Rate of Pay (PRP) and will be calculated and awarded in the same way. It will only be payable when there is **a realistic prospect of an individual returning to work**. The key change from PRP to TRP is that **the maximum period for which TRP can be paid is 548 days under ordinary sick leave arrangements**.

Where TRP is payable, notional years of service may be added to actual service for the purpose of calculating payment, as follows:

- i) If a staff member has completed between five and ten years' actual reckonable service, an equivalent amount of service is added;

⁶ Reckonable Service is deemed to be actual pensionable service under the rules and regulations of the superannuation scheme – the rule of thumb is that all paid service is reckonable



ii) If a staff member has completed more than ten years' actual reckonable service - the more favourable of the following additional service is added:

- An amount of service equal to the difference between actual reckonable service and twenty years, provided the credited service does not exceed the additional service which would have accrued if the staff member had remained in service up to age 65.

or

- 6 years and 243 days provided the credited service does not exceed the additional service which would have accrued if staff member had remained in service up to the minimum retirement age.

Note: In all cases, combined reckonable service and notional service cannot exceed 40 years. Please refer to the rules and regulations of the Central Bank of Ireland Superannuation Scheme for further details relating to pensions and pension rates of pay.

Where a staff member has been granted extended sick leave for a **critical illness** in excess of 92 days, he/she will remain eligible for certified sick leave as detailed in section 1, provided that the total certified sick leave taken does not exceed 183 days in a rolling 4 year period. Similarly, where a staff member has exceeded 183 days full pay, he/she will remain eligible for half pay for certified sick leave subject to a maximum of 182 days in total.

4.1.3 Pregnancy Related Illness

In line with the operation of Sick Leave Regulations in the broader Civil Service, where a staff member is absent because of a pregnancy-related illness before maternity leave and has exhausted the normal limits or the critical illness limits for sick leave on half pay; she will continue to receive sick leave at half pay for the duration of her pregnancy related illness until her maternity leave commences.

Where a staff member is unfit for work following maternity leave and has had a pregnancy related illness paid at half pay previously, her access to sick leave at half-pay will be extended. This extension will be for the length of time for which she was in receipt of half pay under normal sick leave rules for her pregnancy related illness.

Pregnancy-related or assisted pregnancy-related illness requires hospitalisation of two or



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more consecutive days of in-patient hospital /clinic care.

4.1.4 *Transitional Sick Leave Payment Arrangements*

Any staff member who has started a period of sick leave before **1st June 2014** that continues after that date, will stay on the previous sick leave arrangements, i.e., a maximum of 6 months on full pay and a maximum of 6 months on half pay. When they return to work their next sick leave absence will be dealt with under the updated terms above

4.1.5 *'Dual Look Back'*

In line with the Public Service Sick Leave Scheme, a “Dual Look Back” process is included as part of the Scheme. This process will operate as follows:

- Step 1: Determine whether the staff member has access to paid sick leave

The staff member’s sick leave is reviewed over the 4 year period from the current date of absence. If 183 days paid sick leave have not been exhausted over that 4 year period, access may be granted to paid sick leave.

- Step 2: Determine whether full pay, half pay or TRP apply

If step 1 indicates that the staff member has access to paid sick leave, their sick leave record is then reviewed over the 1 year period from the current date of absence to determine the rate at which sick leave may be paid. If the initial 92 day limit at full pay has not been exhausted, full pay may be awarded until the limit of 92 days is reached. Thereafter, the amount paid will be calculated based on half pay or TRP, as appropriate.



5. Claiming Disability Benefit

All staff paying the Full Rate of PRSI (Class A) are contractually obliged to claim **Social Welfare Illness Benefit** when absent on certified sick leave.⁷

The relevant form is available through your GP or Hospital Consultant, who will sign it for you. You should then submit the form to HR along with your **medical certificate** covering the period of absence

5.1 Management of Social Welfare Medical Certificates and Payments

- All Social Welfare Medical Certificates and claim forms in any period of sick leave must be forwarded to **HRD**.
- All amounts due from the Department of Social Protection **must be mandated to the Central Bank of Ireland where the Bank is covering your pay during this period**.
- If a staff member applies to the Department of Social Protection for benefit and is informed that they are not eligible, that staff member should contact HRD immediately.

The Bank will continue to pay staff in accordance with Section 4 of this document.

5.2 Arrangements for payments

- When absent on certified sick leave at half pay, Social Welfare Illness Benefit must still be claimed. If cheques are issued they should continue to be mandated to the Central Bank. Periods on half pay reckon for superannuation purposes.
- When absent on certified sick leave for periods TRP applies or when not eligible for pay, all Social Welfare Illness Benefit may still be claimed and all benefits should be fully retained by the staff member.

⁷ D Class staff only pay a modified rate of PRSI and are therefore not entitled to claim disability benefit when absent on certified sick leave.



6. Occupational Injury

6.1 General Procedure in the event of an accident at work

- Where a staff member has an accident at work, **an accident report form must be completed as soon as possible** by the injured person or by a supervisor/witness and sent to the Environmental Health and Safety Officer, Facilities Management (FM).
- Accident Report Forms can be obtained from FM.
- FM will forward a copy of the completed form to HRD and a second copy to the Bank's insurance brokers.
- If required, the accident will be investigated by the Environmental Health and Safety Officer and corrective/preventative measures implemented as appropriate.
- A request for the payment of medical expenses arising from an accident at work should be sent to the Environmental Health and Safety Officer for assessment.

6.2 Absence as a result of Occupational Injury

Any absence resulting from occupational injury is treated separately from normal sick leave absences in relation to the payment of salary while on sick leave. When calculating the reduction in salary following an extended absence, sick leave and occupational injury absences are not combined.

6.3 Social Welfare Occupational Injury Benefit

All staff, regardless of whether they are A or D Class, qualify for **Occupational Injury Benefit** from the **Department of Social Protection**. In the case of accidents while at work, Staff are **contractually obliged** to make a claim for this benefit and all cheques received from the Department of Social Protection or bank mandates must be forwarded to the Human Resources Department.



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7. Ancillary Policies

Other policies that you are advised to read in conjunction with these **Sick Leave Regulations** are available on the HR Plaza system including:

- Health and Well-Being at Work;
- Information on Maternity Leave and related absences;
- Flexible Working Hours Regulations;
- Superannuation Scheme 2008; and
- Absenteeism Management.



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Appendix 1

Sick Leave Regulations

I have read, understand and accept these updated Regulations as part of my terms and conditions of employment by the Central Bank of Ireland.

Name

Date

Version: June 2014



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Central Bank of Ireland

Sick Leave Regulations for Technical and General (T&G) Staff

Policy Owner:



Human Resources Division – June 2014



Introduction

The Central Bank of Ireland (the “Bank”) places great emphasis on the attendance of all staff at work as it is an important aspect of job performance. The purpose of this policy is to regulate the procedure for attendance and apply consistent standards throughout the organisation.

The following regulations govern the terms and conditions applying in respect of Technical and General staff who may have to avail of sick leave in the course of their employment. Staff should be aware that the payment of salary/wages during periods on sick leave is always at the absolute discretion of the Bank.

8. Certified Sick Leave

8.1 General Information

Certified Sick Leave includes the following;

Absence from work, due to illness, which is supported by a doctor's certificate. Absences of **more than two consecutive working days** must be certified.

- Attendance at medical specialists, e.g., consultants, who do not sit outside of normal working hours. Appropriate evidence of attendance must be provided in respect of each visit.
- Attendance at specialist medical services⁸ (e.g., x-ray, hospital physiotherapy), which are not available outside of normal working hours. Appropriate evidence of attendance at the hospital/clinic should be provided in respect of each visit. The expectation is that such visits should have a minimum impact on working hours with the maximum impact being half a working day. Visits which last more than half a working day must be supported by evidence of the appointment start and completion times or a certificate stating that the staff member was unfit for work on the day.

⁸ For the purposes of these regulations medical specialists do not include alternative medical practitioners e.g. Chiropractors, Acupuncturists, Osteopaths etc. – see also section 3.3.



8.2 Medical Certificates - Requirements

A medical certificate must be:

- The **original** copy
- be on **appropriately headed notepaper**
- **Signed by the doctor only**. A certificate signed by, for example, a doctor's secretary will not suffice.
- Must be **legible**.
- State clearly **the date of the consultation** and **the date for return to work**.

Staff are advised that medical certificates should provide the general nature of the illness or injury preventing them from attending work. Staff should be aware that, while the Bank has a duty of care to its employees under Health and Safety legislation, this duty is diminished when the nature of illness has not been provided on medical certificates.

Certificates are normally accepted for an absence of **up to one week** but in exceptional cases they will be accepted for an absence of **up to one month**. Certificates without information regarding the “general nature of illness or injury” will not be accepted for periods of more than one week. Certificates will not be accepted for a period greater than one month. The Bank will, at its own discretion, investigate any medical certificate received, which may involve contacting the relevant medical practitioner for verification of attendance.

Certificates should be submitted to the HR Department (HRD) with a covering note, not later than **the third day of illness**. See also section 3.1.

9. Uncertified Sick Leave

9.1 General Information

Uncertified sick leave is defined as **absence from work due to illness - without certification by a doctor - for up to, and including, two consecutive working days**.

For the purpose of this policy, a Friday and the following Monday are not considered consecutive working days. For staff on continuous shift the day before and after rest days are not considered as consecutive working days. In these circumstances absence due to illness must be certified.

Uncertified sick leave is a privilege, and not an entitlement, which the Bank gives to



staff. Therefore, the Bank reserves the right to withdraw this privilege where it deems it to be necessary.

The number of days a staff member may be absent through illness without a medical certificate, in any period of 12 months, reckoning backwards from the date of the latest absence, must not exceed an aggregate of 7 days (the number of days are pro-rated in the case of staff on atypical arrangements). If this occurs the Bank will decide whether the excess involved shall be deducted from contractual annual leave or pay (i.e. be treated as leave without pay).

Days of uncertified sick leave immediately preceding or following annual leave, flex leave, weekends or public holidays may be liable to particular scrutiny. For example, such uncertified sick leave may be noted on the staff member's personnel file and/or depending on the staff member's sick leave record, they may be required to take annual leave for such absences.

9.2 Notification of Uncertified Sick Leave

In the case of uncertified sick leave, an official **self-certification sick leave** form should be completed immediately on return to work and forwarded through your line manager to Human Resources. It should state the **period covered** and the **general nature of the illness or injury** preventing them from attending work.

10. Procedures related to Sick Leave

10.1 Notification of Supervisor

The immediate supervisor should be called by phone (text messages, voice mails or messages to another staff member will not suffice) before 10.00 a.m. on the first morning of any absence on sick leave. The staff member should, insofar as is possible, give an indication as to how long the illness is likely to be.

If illness is certified by a doctor, a medical certificate together with a covering note, covering points 1.2 above should be forwarded to HRD through your line manager no later than the third day of illness. HRD may suspend staff wages/salaries until appropriate certification is received.



10.2 Illness during Working Hours

3.7.1 Use of Recovery Room/Medical Room 7

The organisation provides a quiet room for staff that become unwell during the working day, in order that they may take some time to recover. In this instance, staff must inform their supervisor/colleague that they are going to the recovery room and the supervisor should check the staff member on a regular basis (every ten minutes is recommended). This facility is available in Dame Street, Sandyford, Iveagh Court and the Spencer Dock premises. Staff should be aware that this facility should only be used on a short term basis and Human Resources Department (HRD) recommend generally that if a staff member advises that they are feeling unwell they should notify local management and then either go home and/or seek medical assistance, as necessary.

It should be noted that the Medical Adviser also has use of the various medical rooms throughout the organisation from time to time. Consequently, it would be advisable that staff check with the relevant staff in the area to ascertain that the relevant room is available.

3.7.2 If a staff member needs to go home

If a staff member feels so ill that they need to go home, they should report the matter to their supervisor and seek permission to leave work. The absence will be treated as one half-day's uncertified sick leave. (Flexible Working Hours regulations, where applicable, should be read in conjunction with this section). If a staff member is too ill to go home alone, a colleague may accompany him/her (drive or arrange a taxi). Depending on the situation, it may be advisable for the colleague to ascertain the possibility of an immediate visit of the staff member to his/her GP.

When a staff member has left work during the working day due to illness, the staff member should contact their supervisor as soon as possible after they arrive home to let the supervisor know that they have arrived home safely and that they are being appropriately cared for.

3.7.3 Serious Illness

In extreme circumstances, an ambulance should be called immediately, ideally via security to ensure quick and easy access for ambulance staff:

Dame Street complex	Extension	XXXX
Currency Centre	Extension	XXXX
Spencer Dock	Extension	XXXX



Iveagh Court

Extension XXXX

The assistance of the nearest First Aid Officer should be acquired immediately in these circumstances. In case the use of a defibrillator is required, the Health and Safety notice board should be consulted immediately for information on the location of the nearest defibrillator and trained operator.

3.8 Medical Appointments

When making appointments with General Practitioners, Dentists, Opticians, Chiropodists, non-hospital Physiotherapists, alternative medical practitioners etc., staff should ensure that such appointments are fixed for a time **outside of normal working hours**. If absence from work is incurred in attending such appointments it does not qualify as certified sick leave and must, therefore, be taken at the staff member's own expense (i.e., from annual leave or by deduction from salary). For staff on the flexible working hours system, infringements incurred **before 11am and after 3.15 pm** in attending these appointments will be deleted on production of relevant documentation.

If a particular case is considered to be exceptional, e.g., an emergency, then the staff member should obtain an explanatory medical certificate to cover the appointment. It should be noted, however, that the presentation of such a certificate will not automatically entitle a staff member to a full, or half-day's, certified sick leave. Unless the certificate states that the person is unfit for work for the full, or half day, then the staff member will be expected to report to work.

3.9 Attendance at work while absent through illness

For health and safety reasons, a staff member may not enter any of the Bank's premises while on certified/ uncertified sick leave except with the express permission of the Head of Human Resources Department.

3.10 Returning to work following illness

Staff returning to work following absence on sick leave must report to their supervisor before commencing work.

A staff member must not return to work before the date stated on the medical certificate unless HRD is provided with a note from the doctor stating that the staff member is fit to resume duty. In some circumstances, depending on the nature of the work, the length of the illness or the nature of the illness, if known, the staff member



may be asked to attend the Occupational Health Specialist for full reassurance on fitness to return to work.

3.10.1 Graduated return to work after long-term sick leave

In exceptional circumstances, particularly post-operative, a medical adviser may consider that a reduced attendance at work for a short time is necessary to facilitate a staff member's reintegration into the workforce. The Bank may facilitate a gradual return to work through a process involving local management, HRD, the Occupational Health Specialist and the staff member. This is a facility towards recovery and integration, rather than for prolonged illness.

3.11 Referral to the Bank's Occupational Health Specialist

The Bank may, at its own discretion, refer any member of the staff to its Occupational Health Specialist. Referrals are usually initiated by either HRD or local management, as part of the Bank's **Absenteeism Management policy**. A staff member may seek a referral via local management if they have a concern regarding their work environment affecting their health. The following are the main reasons why a member of staff might be referred to the Occupational Health Specialist.⁹

(also see the FAQs for further information):

3.11.1 Staff member on extended sick leave

As a general rule, a staff member who has been absent on sick leave for 4 consecutive weeks may be referred to the Occupational Health Specialist. The objective is generally to check and inform HRD that the staff member's illness is being proactively managed in the best way possible to ensure a full and speedy recovery. During the consultation, the Occupational Health Specialist may be in a position to make a prognosis on the staff member's return to work. This is clearly in the interest of the staff member but also in the interest of the organisation and the remaining staff who have to carry the additional workload due to the absence of their colleague. It also helps to ensure that HR can put in place any support systems necessary for the staff member's transition back to work.

3.11.2 Staff member has repeated absences through sick leave

The objective is to check whether there is an underlying reason as to why this person is absent so often. It may be the case that the staff member should be

⁹ Every person is different, this is not intended to be an exhaustive list of reasons why a staff member might be referred to the Medical Advisor or to explain what the objective of the referral is always intended going to be based on.



referred to a specialist medical practitioner or it may be the case, although exceptional, that the staff member is misusing the sick leave regulations. This also provides the opportunity to ascertain whether support in the workplace is required to reduce sick leave absences. The Occupational Health Specialist would advise HR on the need for such support and HR can thereafter take action to help provide it.

3.11.3 The reason for sick leave is thought to be work-related

If a staff member is injured in work, it would be expected that the organisation keep a close eye on their recovery through referrals to the Occupational Health Specialist. Also, the Bank has a duty of care to ensure that the work environment is not contributing to any stress-related illnesses among staff. If this is thought to be the case, HR will be informed through the Occupational Health Specialist and the appropriate actions can be initiated.

Following a consultation of a staff member with the Occupational Health Specialist, the latter will issue a report to the Manager, HR Advisory. This report will provide information on such issues as fitness to work, prognosis on fitness to work, remedial actions required of the employer and/or employee to ensure a return to work as soon as possible, advice on referrals to specialists, advice on improving attendance in the future etc. Appropriate action, if any, following the consultation will be taken by the HR Department (in liaison with relevant departmental management where necessary). In some cases, and if appropriate, the Occupational Health Specialist may, with the prior consent of the staff member, contact the staff member's GP to discuss the case. If there is any disagreement between the Occupational Health Specialist and the staff member's GP, a referral for an independent medical specialist assessment may be advised.

3.12 Retirement through Ill-Health

As is normal practice, sick leave and absences are monitored on a regular basis and the Bank's EAO maintains contact with staff on extended sick leave. Where a staff member has been absent from work for a period of two years or more, or where the illness is such that the/she is unlikely to be fit for work again, their case will be reviewed by the Occupational Health Specialist in consultation with the staff member's medical adviser, and the option of early retirement on grounds of ill-health may be considered. An independent medical assessment is likely to be recommended before a final decision is taken. Staff will be fully advised of their entitlements under the Superannuation Scheme. Staff have the right to appeal a decision to retire them if they consider that their health does not prevent them from returning to work. Such an appeal must be on the basis of supporting medical



evidence.

Retirement on medical grounds may also be initiated by the staff member themselves, by applying in writing to HR Advisory with supporting medical evidence. An independent medical assessment is likely to be required before a final decision is taken.

11. Payment Procedures While On Sick Leave

4.1 All T&G Staff

- (iii) on Modified Rate of PRSI (Class D) – staff employed before 6 April 1995; and*
- (iv) on Full Rate of PRSI (Class A) – staff employed after 6 April 1995.*

4.1.1 All T&G Staff

- If absent for up to 183 days in a rolling 12-month period, full pay will be paid;
- If absent for more than 183 days in a rolling 12-month period, half pay will be paid;
- If absent for more than 365 days in a rolling 4-year period, pension rate of pay may be authorised if the staff member has completed five years reckonable service.

4.1.2 Pension Rate of Pay

- Where pension rate of pay is payable, notional years of service may be added to actual service for the purpose of calculating payment, as follows:
- i) If a staff member has completed between five and ten years' actual reckonable service, an equivalent amount of service is added;
- ii) If a staff member has completed more than ten years' actual reckonable service - the more favourable of the following additional service is added:
- An amount of service equal to the difference between actual reckonable service and twenty years, provided the credited service does not exceed the additional service which would have accrued if the staff member had remained in service up to age 65.

OR

- 6 years and 243 days provided the credited service does not exceed the additional service which would have accrued if staff member had remained in service up to the minimum retirement age.

Note: In all cases, combined reckonable service and notional service cannot exceed 40 years.



Please refer to the rules and regulations of the Central Bank of Ireland Superannuation Scheme for further details relating to pensions and pension rates of pay.

12. Claiming Disability Benefit

All staff paying the Full Rate of PRSI (Class A) are contractually obliged to claim **Social Welfare Illness Benefit** when absent on certified sick leave.¹⁰

The relevant form is available through your GP or Hospital Consultant, who will sign it for you. You should then submit the form to HR along with your **medical certificate** covering the period of absence.

12.1 Management of Social Welfare Medical Certificates and Payments

- All Social Welfare Medical Certificates and claim forms in any period of sick leave must be forwarded to **HRD**.
- All amounts due from the Department of Social Protection **must be mandated to the Central Bank of Ireland where the Bank is covering your pay during this period**.
- If a staff member applies to the Department of Social Protection for benefit and is informed that they are not eligible, that staff member should contact HRD immediately.

The Bank will continue to pay staff in accordance with Section 4 of this document.

12.2 Arrangements for payments

- When absent on certified sick leave at half pay, Social Welfare Illness Benefit must still be claimed. If cheques are issued they should continue to be mandated to the Central Bank. Periods on half pay reckon for superannuation purposes.
- When absent on certified sick leave for periods TRP applies or when not eligible for pay, all Social Welfare Illness Benefit may still be claimed and all benefits should be fully retained by the staff member.

¹⁰ D Class staff only pay a modified rate of PRSI and are therefore not entitled to claim disability benefit when absent on certified sick leave.



13. Occupational Injury

13.1 General Procedure in the event of an accident at work

- Where a staff member has an accident at work, an accident report form must be completed as soon as possible by the injured person or by a supervisor/witness and sent to the Environmental Health and Safety Officer, Facilities Management (FM).
- Accident Report Forms can be obtained from FM.
- FM will forward a copy of the completed form to HRD and a second copy to the Bank's insurance brokers.
- If required, the accident will be investigated by the Environmental Health and Safety Officer and corrective/preventative measures implemented as appropriate.
- A request for the payment of medical expenses arising from an accident at work should be sent to the Environmental Health and Safety Officer for assessment.

13.2 Absence as a result of Occupational Injury

Any absence resulting from occupational injury is treated separately from normal sick leave absences in relation to the payment of salary while on sick leave. When calculating the reduction in salary following an extended absence, sick leave and occupational injury absences are not combined.

13.3 Social Welfare Occupational Injury Benefit

All staff, regardless of whether they are A or D Class, qualify for Occupational Injury Benefit from the Department of Social Protection. In the case of accidents while at work, Staff are contractually obliged to make a claim for this benefit and all cheques received from the Department of Social Protection or bank mandates must be forwarded to the Human Resources Department.

14. Ancillary Policies

Other policies that you are advised to read in conjunction with these Sick Leave Regulations are available on the HR Plaza system including:

- **Health and Well-Being at Work;**
- **Information on Maternity Leave and related absences;**
- **Flexible Working Hours Regulations;**
- **Superannuation Scheme 2008; and**
- **Absenteeism Management.**



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Appendix 1

Sick Leave Regulations

I have read, understand and accept these updated Regulations as part of my terms and conditions of employment by the Central Bank of Ireland.

Name

Date

Version: June 2014