

Sick Leave Process

When an employee is absent from work due to illness or injury it impacts significantly on both the team and our families. To minimise the disruption to both the team and our families please follow the below processes if you are unfit to attend work.

1. If you are unexpectedly absent from work for any reason you must inform the Practice Manager and Receptionist of the reason for your absence and likely duration by no later than 7am that morning. This can either be done by phone call or text message. You **MUST NOT** leave a message on the clinic phone.
2. If you are absent from work and believe that you will be unfit for work the next day you must let the Practice Manager know by no later than 4pm that day. This will minimise disruption to both the families and team.
3. If you are absent from work due to sickness or injury for a duration of more than two days (including weekends) you must provide the Practice Manager with a medical certificate issued by a medical practitioner. Further medical certificates must be provided to cover any continued absence. The certificate will not be accepted unless it states clearly the reason for your absence.
4. Sick days that adjoin public holidays and weekends will not be paid unless you provide a valid medical certificate
5. Immediately on your return to work you must complete a self-certification form stating the date of and reason for your absence, including details of sickness and non-working days. This information will be calculated for your sick leave entitlements. Please attach medical certificate to this form and email Practice Manager and Payroll.
6. Failure to provide a medical certificate during absences from work (otherwise known as unexplained absences) will be considered a disciplinary matter and may result in formal warnings being issued to employee.
7. A full time employee is entitled to 10 working days of sick leave per calendar year. Any additional sick leave is at management's discretion. Permanent Part Time sick leave will be pro-rata.

I _____ understand and agree to the sick leave process at Chatterbox Speech Pathology.

Signed: _____

Date: _____