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## Hastings Highlands Public Library

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**Area:** Human Resources  
**Policy Title:** Sick Leave  
**Policy Number:** HR-15A

**Initial Policy Approval Date:** October 12, 2016  
**Last Review:** February 18, 2021  
**Year of next review:** 2025

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Hastings Highlands Public Library Board provides a sick leave benefit to provide income protection for all permanent full time and permanent part-time employees in the matter of illness.

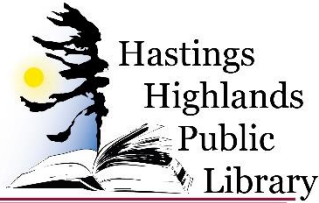
**PROCEDURE:**

- 1) Upon the completion of the probationary period, **full-time** employees shall be credited one (1) day for each full calendar month of full-time service.
- 2) For **part-time** employees one (1) seven and a half (7.5) hour day shall be allowed for every six hundred ninety-three (693) hours actually worked.
- 3) New full-time employees completing their probationary period on or prior to the 15<sup>th</sup> day of the month shall receive full credit for that month. Sick leave credits shall begin accumulating on the first day of the following month.
- 4) For each calendar year, sick leave shall be earned and accumulated until December 31<sup>st</sup>. Credits shall accumulate while on active payroll and credit accumulation shall be reduced by actual usage.
- 5) Sick leave credits shall not accumulate beyond fifty (50) days and shall be used for the purposes of personal legitimate illness or for the care of the employee's immediate family.
- 6) There is no cash value for accumulated sick days.
- 7) Employees shall advise the CEO of their status at the beginning of the work day in which they are off on sick leave except where extenuating circumstances prevent such notice, in which case notice shall be given as soon as possible.
- 8) In the event that the employee is absent more than three (3) days from work due to illness the employer may request a note be provided from a qualified medical practitioner with respect to

all days of absence beyond the three (3) days. All costs of any and all notes required by the employer shall be paid for by the employer.

- 9) Upon returning to work the employee shall complete the Leave of Absence form (Appendix D).
- 10) The Payroll Department shall ensure that accurate records of sick leave credits earned and used are maintained and that employees are informed at least once per year of the balance of any credits in their bank.
- 11) Any Employee, on request is to be advised of the amount of sick leave days accrued to his/her credit.
- 12) If an employee with sick leave credits, overtime credits and/or vacation credits in their bank is prevented from working for the employer on account of an occupational illness or accident that is recognized by the Workers' Safety Insurance Board as compensable within the meaning of the Workers' Safety Insurance Act, the employer on application from the employee will supplement the award made by the Workers' Safety Insurance Board for loss of wages to the employee by such amount that the award of the Workers' Safety Insurance Board for loss of wages, together with the supplementation of the employer, will equal one hundred (100%) per cent of the employees earnings. The amount required to supplement the award will be deducted from the employee's appropriate bank.
- 13) The above provision will not be used to top-up an employee's pension from the Workers' Safety Insurance Board or OMERS Pension Plan. There is no obligation for the employer to continue top-up once all banks are emptied.

**See Leave of Absence Form below.**



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### LEAVE APPLICATION

EMPLOYEE : \_\_\_\_\_

DATES: \_\_\_\_\_

# OF DAY (s): \_\_\_\_\_

# OF HOUR (s): \_\_\_\_\_

RECORDED AS:

Annual Vacation  Amended Vacation   
Unpaid Leave  Education  Time In Lieu of Overtime  Float Day

*Any amendments to approve vacation requests must be submitted fourteen (14) days prior to scheduled vacation in writing for approval by the CEO.*

Sick Leave

Has the employee provided a medical certificate and has it been forwarded to Manager:

Yes  No

Bereavement Leave

Relationship to bereaved: \_\_\_\_\_

Day of Funeral: \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
CEO's Signature

Date: \_\_\_\_\_ Not approved (reason) \_\_\_\_\_

- *Please provide to payroll department after approval – to be inputted*

