

**Policy & Procedure Manual**

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**ATTENDANCE SUPPORT AND RETURN TO WORK – HR-III-35**

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**POLICY:**

All employees of OPTIONS NORTHWEST have a contractual obligation to be in regular attendance so they may perform the functions for which they were hired.

All employees play an important role in our organization. Their regular attendance and participation is required.

OPTIONS will make every reasonable effort to work with employees on an individual basis to maintain regular attendance at work. This may include assessing reasonable accommodation in compliance with the Human Rights Code.

**PURPOSE:**

1. To communicate to all employees, the expectation that they must maintain their obligation to attend work regularly.
2. To work with employees to improve attendance.
3. To treat all employees fairly and effectively.
4. To take into account the individual circumstances of the absenteeism so improvement can occur.
5. To identify and address absenteeism from an organizational perspective.
6. To communicate to all employees who have a disability that workplace accommodation will be assessed and wherever possible, an early and safe return to work plan will be developed.

**Definition of Absenteeism:**

Absenteeism as referred to herein is defined as the failure of employees to report for scheduled work, and/or to be absent during scheduled working hours without prior approval. NOTE: When an employee is absent from work on approved time off i.e. vacation, statutory holidays, etc. such time is not considered as failure to meet scheduled work hours.

**PROCEDURE:**

1. For all employees, between the hours of 8:00 a.m. and 4:00 p.m. – Monday to Friday: If an employee is going to be absent from work, or becomes ill on shift he/she must notify either by telephone, or in person, their immediate Supervisor, or designate before the start of their shift (with as much advance notice as possible) or as soon as possible when at work.
2. Additionally for employees who work shift work: Between the hours of 4:00 p.m. and 8:00 a.m., Monday to Friday and 4:00 p.m. on Fridays, through to 8:00 a.m. on Mondays, and for all hours on a statutory holiday. Do not call on-call scheduling between the hours of 11:00 P.M.-6:00 A.M.
  - a) Calling in prior to the start of the shift – call the on-call scheduling clerk.
  - b) Becomes ill while on shift – call the on-call supervisor.
3. In all cases, the employee must indicate what type of absence and convey their anticipated return to work date. NOTE: If an employee calls in and does not speak with a supervisor, the supervisor will follow up with the employee regarding the absence as soon as possible. The Supervisor will request medical documentation as required.
4. The Supervisor or designate will document each absence. When an employee reaches 9 or more absences over 3 or more occurrences within a calendar year, the supervisor/ designate, will discuss any particular plan of action required with the employee, as per his/her individual circumstances. Additionally, the Supervisor will determine, and access resources as required. (re: Supervisor/Manager/Director, Coordinator Health and Safety, Human Resources Representative, Union Representative) NOTE: Where workplace accommodation due to disability requires assessment, the above noted resources will become involved.
5. Any written Plan of Action put in place will remain in effect until the employee is able to perform with regularity the duties for which they were hired, or until such time as it is determined that the Plan of Action is no longer effective.
6. Where the employee's absenteeism constitutes grounds for disciplinary action, a constructive discipline process will be followed, rather than a Plan of Action under this policy.

**Specific Responsibilities:**

Employees' Responsibilities:

1. Understand their obligation to perform with regularity the duties for which they were hired.
2. Be at work regularly and on time.
3. Be interested in their own health and well-being.
4. Understand the intended use of sick leave.
5. Make every effort to live and work safely by following all agency policies and procedures and practice accident prevention both on and off the job.
6. Attend to personal affairs and obligations outside of work hours.
7. Personally maintain regular contact weekly when off work due to disability or other reasons as determined in discussion with supervisor.
8. Adhere to any Plan of Action established in order to improve attendance at work.
9. Cooperate in providing all required/requested medical documentation in the event of absence from work, after a period of 3 days of absence, at any time upon request, or in accordance with an established plan of action.
10. Support fellow employees back into the workforce following an absence.

Supervisor's Responsibility:

1. Provide employees with competent, dedicated, professional leadership and a positive role model to follow.
2. Maintain accurate attendance records for all employees supervised.
3. Determine when an employee requires intervention and the type of intervention required for improving attendance.
4. Communicate regularly with their employees and their Manager/Director.
5. Request assistance from their Supervisor, Human Resources and the Health and Safety Coordinator as required.

6. Document all conversations and meetings regarding attendance Support counseling.
7. Make sound judgments and provide clear and concise direction to their employees.
8. Request the employee provide a medical note for absences of three or more shifts. The note should include an estimated timeframe the employee will remain off. The note must be sent to the Health & Safety Coordinator to be kept in the employees' health file.
9. Work in cooperation with the Health and Safety Coordinator to ensure that sufficient documentation is in place indicating an employee is fit to return to work after illness/injury.

**Return to Work Plan of Action:**

1. The Supervisor and Health and Safety Coordinator will determine when a written Plan of Action is required in order to improve employee attendance.
2. The Supervisor and Health and Safety Coordinator will develop the Plan of Action in concert with the employee and resources as required, and a copy will be provided to the employee.
3. The Plan of Action will include: regular contact/meetings with the employee, external documentation to verify treatment participation, documentation. The Plan of Action may include: working with an employee's physician in order to determine prognosis, workplace restrictions, etc, utilizing external resources such as E.A.P., treatment centres, etc, working within internal resources to deal with workplace issues such as conflict resolution among employees, etc.
4. The Plan of Action will be in place until the employee returns to work on a regular basis, and with the determination that he/she will continue to do so, or until such time as it is determined that the Plan of Action is no longer effective.

**Agency Responsibility:**

1. Provide a safe and healthy work environment and promote "wellness" among all employees.
2. Treat employees fairly and provide supervisory staff with direction and assistance in order to meet performance targets and maximize attendance.
3. Recognize the benefits of a formal rehabilitation program for disabled workers and work cooperatively with employees regarding the same.

**POLICY: HR-III-35**

**DEPARTMENT:** Human Resources

**CATEGORY:** Working Conditions

**EFFECTIVE DATE:** July 2025

**SUPERSEDES VERSION DATED:** December 2023

Page 5 of 5

4. Provide guidance and assistance toward obtaining effective health care and benefits either through Human Resources, including Health and Safety, Employee Assistance Program and/or other agencies which can facilitate assistance.
5. Ensure Supervisors and employees understand the intended use of sick leave and of this policy and its implementation.
6. Abide by applicable legislation and collective agreements.

**RECOMMENDED BY:** Manager, Human Resources

**APPENDICES:** 0

**OPERATIONAL ACCOUNTABILITY:** Administration, Finance, Human Resources, Community Services (all)

**ORIGINAL POLICY DATE:** April 1996

**AUTHORIZED BY:** Executive Director

**SIGNATURE:**

A handwritten signature in black ink, appearing to be 'L. P. L.', is written over a horizontal line.