



Little Acorns Nursery at High Halden

Church Hill, High Halden
Kent TN26 3JB
Telephone 01233 850113

Staff Sickness Policy

We at Little Acorns value our staff and recognise that there is a link between their health and wellbeing and their effective performance. There are times when staff are absent due to illness and this policy details the support available to staff and the steps that will be taken to monitor and manage attendance and sickness.

Procedure

Sickness Reporting

- A telephone call should be made in person to the Nursery Manager. Texts or emails will not be accepted.
- In the case of the Manager being uncontactable a telephone call should be made to the Committee Chairperson.
- A member of staff should telephone no later than 1 hour before they are due to start work.

The member of staff must report;

- Reason for absence
- What measures have been taken to alleviate symptoms
- How long the member of staff estimates they will be away
- Any work projects outstanding that need to be completed by other staff.

Staff should agree with the Manager how they will keep in touch to discuss recovery progress and return to work. In the case of the Manager this should be with the Chairperson.

Return to work after sickness

There will be a return to work interview to discuss health, any underlying problems or health conditions and explore how the organisation can provide more support or adjustments to prevent further absence. A form will be completed. (Appendix 1)

This policy was adopted at a meeting of Little Acorns Nursery

Date to be reviewed.....

Signed on behalf of the management committee.....

Name of signatory.....

Role of signatory (e.g. chair/ owner).....

(Appendix 1)

Return to Work Interview

Name of Employee _____

Has a self-certificate been completed and placed in the employee's personal file? **Y/N**

Absence Dates:

From: _____ to: _____

Total number of days absent: _____

Brief description of absence:

Details of Return to Work discussion:

Details of any actions required and agreed:

Overall absence in last 12 months

Total number of times: _____ Total number of days: _____

I declare that the above information is correct to the best of my knowledge.

Signed _____ Date _____

Manager's/Chairperson's Signature _____

Date _____