

**PROTOCOL:
LEAVE MANAGEMENT AND
ADDRESSING CHRONIC
ABSENTEEISM**

WESTERN CAPE EDUCATION DEPARTMENT

1 OCTOBER 2022

Table of Contents

1. INTRODUCTION 2

2. PURPOSE 2

3. DEFINITION 2

4. REGULATORY FRAMEWORK 2

5. SCOPE OF APPLICATION 3

6. ROLE AND RESPONSIBILITIES OF THE EMPLOYEE 0

7. ROLE AND RESPONSIBILITIES OF THE PRINCIPAL 0

8. ROLE AND RESPONSIBILITIES OF THE CIRCUIT MANAGER 0

9. ROLE AND RESPONSIBILITIES OF THE SERVICE BENEFITS TEAM 5

10. COMMUNICATION 6

DRAFT

PROTOCOL

ADDRESSING ABSENTEEISM IN THE WESTERN CAPE EDUCATION DEPARTMENT (WCED)

1. INTRODUCTION

The Western Cape Education Department (WCED) is, through this protocol, committed to ensuring standardisation with regard to the administration of leave and management of sick and incapacity leave within the WCED.

The WCED recognises the fact that in order for the Department to render quality services to the Province, employees need to be, first and foremost, present and healthy in all classrooms and offices daily.

Chronic absenteeism is the root cause for School and Office dysfunction, negatively affecting employee morale and well-being. This protocol identifies steps to be followed to manage this challenge within Teams.

2. PURPOSE

To provide clear guidelines with regard to the administration and management of sick and incapacity leave at all sites in the WCED.

3. DEFINITION

The sick leave dispensation consists of Sick leave and incapacity leave:

- Sick leave consists of 36 days over a 3 year cycle;
- Incapacity leave is made up of Short Term (1-29 days), Long term (30 days and more). It is not an unlimited number of sick leave days. This approval is at the discretion of the Head of Education; and
- Ill Health Retirement.

4. REGULATORY FRAMEWORK

This protocol draws its mandate from, *inter alia*, the following Legislation:

- ✓ Employment of Educators Act 76 of 1998

- ✓ Personnel Administrative Measures, February 2016
- ✓ Leave Determination, June 2015
- ✓ Labour Relations Act (LRA), Act 66 of 1995
- ✓ Basic Conditions of Employment Act, 1998
- ✓ Policy and Procedures on Incapacity Leave and Ill Health Retirement (PILIR) (August 2021)
- ✓ Relevant and/applicable ELRC collective agreements and PSCBC resolutions
 - Collective Agreement 1 of 2012
 - ELRC Resolution 1 of 2007

5. SCOPE OF APPLICATION

This guideline applies to all employees of the WCED employed in terms of the Employment of Educators Act (1998) and the Public Service Act (1994).

SICK LEAVE

Service Benefits

[Home](#)
[Help](#)
[Documents & Records](#)
[Policies](#)
[www](#)
[Legislation](#)
[Close the EMPMP](#)


```

graph TD
    LEAVE[LEAVE] --> SICK_LEAVE[SICK LEAVE]
    SICK_LEAVE --> EDUCATORS[Educators]
    SICK_LEAVE --> PUBLIC_SERVANTS[Public Servants]
    EDUCATORS --> PERM_EDUC[Permanent Employees  
See PAM Chapter H 5]
    EDUCATORS --> TEMP_EDUC[Temporary Employees  
See PAM Chapter H 18]
    PUBLIC_SERVANTS --> PERM_PS[Permanent Employees  
See Determination and Directive on Leave of Absence in the  
Public Service Chapter 14]
    PUBLIC_SERVANTS --> TEMP_PS[Temporary Employees  
See Determination and Directive on Leave of Absence in the  
Public Service Chapter 29]
    
```

- 1-2 days no medical certificate needed.
- An employee during his/her normal sick leave period, who has been absent from work on more than two occasions during an eight-week period, must regardless of the duration of the sickness or injury, submit a medical certificate stating that the employee was unable to work for the duration of the employee's absence on account of sickness or injury. (Application of the 8 week rule see Determination and Directive on Leave of Absence in the Public Service Chapter 14.8.2)
- Medical certificates to be attached if sick for 3 days or more leave form to be accompanied by a sick note signed by a medical practitioner.
- If an employee abuses sick leave an investigation may be initiated and medical certificates will need to be produced for reported sick days.
- Period 36 days – 3 year cycle
- Lead Time where appropriate: 2 weeks

WCED – EMPMP – 2017 – r04

2017/12/06

Page 29 of 118

6. ROLE AND RESPONSIBILITIES OF THE EMPLOYEE

- Inform your supervisor via e-mail, telephone, cell phone that you will not be present because you are sick, BEFORE the work-day starts. This applies for EVERY day one is sick. If you have been booked off by your medical practitioner, you are to inform your manager the date of your return to work.
- A **Leave of Absence Application Form (Z1a)** must be completed by each employee to cover each absence. It is the responsibility of the employee to obtain and complete the leave form.
- Complete (PERSAL number, Name of the institution, physical home address of the applicant), period of absence, date and sign the **Leave of Absence Application Form** within 2 working days of returning to school. (Completion of Leave Form: Video link- <https://wcedonline.westerncape.gov.za/service-benefits-tutorials-forms-documents>)
- If the employee is absent for 1-2 days (within the 36 days allowance), no medical certificate needs to be submitted.
- If the employee is absent for 3 days and more a medical certificate must be submitted.
- If the employee is absent from work on more than two occasions within an 8-week period, s/he must regardless of duration of illness or injury submit a medical certificate.

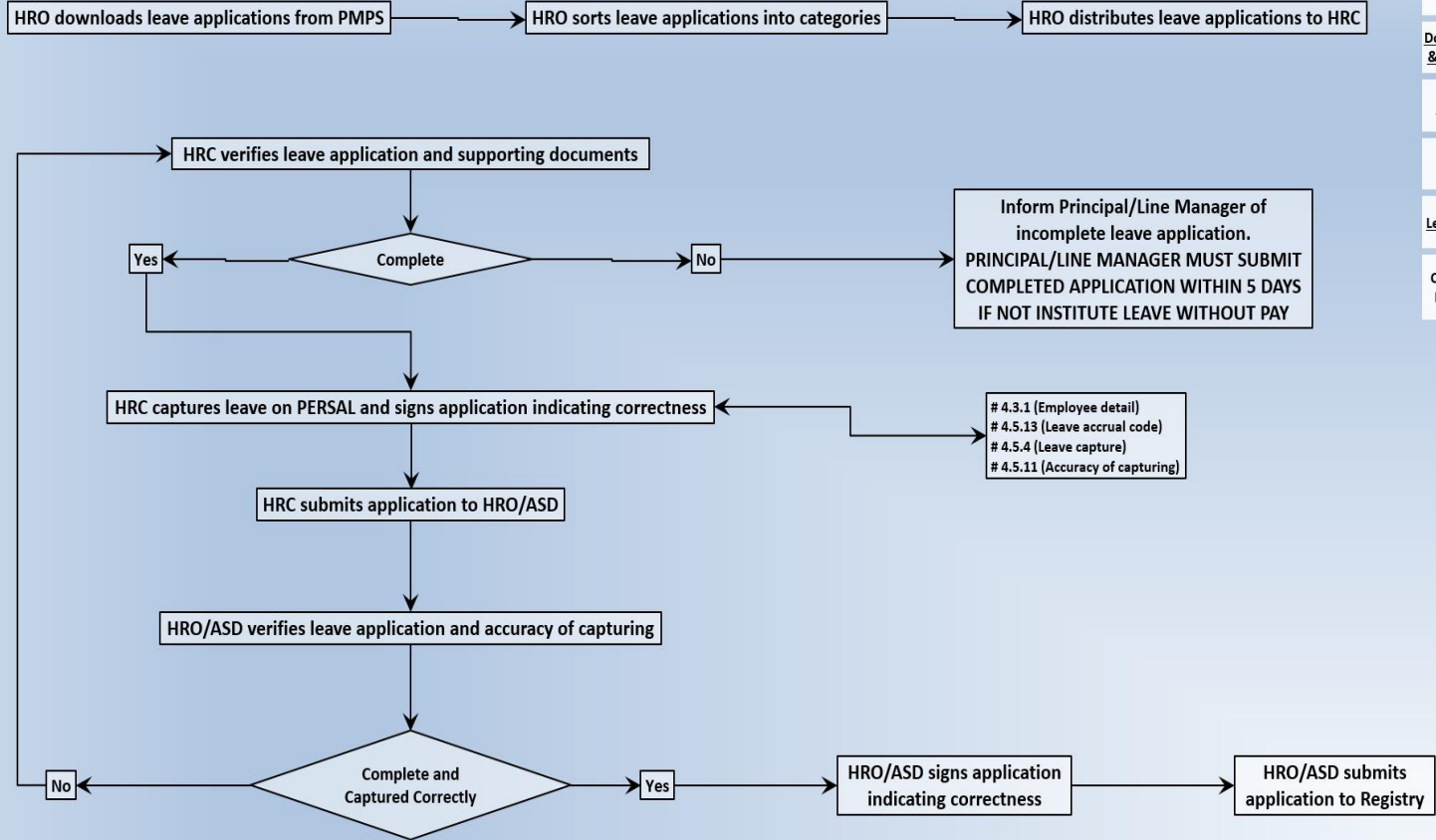
THE 8 WEEK RULE EXPLAINED

Scenario 1:

An employee is absent from 1-2 June 2015. Employee completed the Z1a. It was recommended. The employee is absent for the second time from 17-18 June 2015. Employee completed the Z1a. It was recommended. The employee is absent on 1 July 2015. The employee is absent for the third occasion within 8 weeks. The employee must submit a medical certificate together with the Z1a irrespective of the number of days absent.

LEAVE MANAGEMENT NORMAL

Checklist leave administration



- Home
- Help
- Documents & Records
- Policies
- www
- Legislation
- Close the EMPMP

7. ROLE AND RESPONSIBILITIES OF THE PRINCIPAL/MANAGER

- Attendance of employees to be captured on People Management Practices System (PMPS) before 10:00 at all schools (See attached user friendly PMPS Manual) as per the hard copy daily attendance Register. Offices are to capture attendance on the attendance register.
- S/he must make sure that copies of the Z1a form are available for completion by employees who have been on sick leave.
- On receipt of a sick leave application from the employee the Principal/Manager verifies that the employee has available sick leave days on PMPS.
- If the employee has days available, the Principal/Manager checks that all fields are accurately completed (CHECKLIST) and s/he recommends the leave (Signature/date). Principal/Manager to tick off () on PMPS to show that the leave has been submitted.
- S/he makes sure that the leave form is uploaded onto PMPS within 10 days of the first day of absence.
- 1 copy of the leave application form to be filed on the personnel file of the employee at the institution.

8. ROLE AND RESPONSIBILITIES OF THE CIRCUIT MANAGER

Circuit Manager is informed via email if the School has not captured the attendance for the day after 10:00. The Circuit Manager is then expected to communicate with the school to determine the problem and resolve immediately. S/he is expected to ensure that schools have access and are utilising the PMPS. S/he can draw reports of attendance, analyse the data, determine trends, and advise and support the Principal to address chronic absenteeism thereby ensuring that there is a teacher in every classroom, and a public servant on site every day.

INCAPACITY LEAVE

ROLE AND RESPONSIBILITIES OF THE EMPLOYEE

- If the employee exceeds his/her 36 days sick leave then employee must apply for temporary incapacity leave.
- If the employee is applying for less than 30 days then s/he completes the **Annexure A** (Short term incapacity leave-STIL).
 - The employee MUST complete the application and attach and submit a medical certificate within 5 working days

Short Term Incapacity Leave CHECKLIST		
Document	Party Responsible	Yes (✓) No(X)
Mandatory		
Annexure A Part A – Employees application for incapacity leave	Employee	yes
Annexure A Part B - Employee's consent form	Employee	yes
Medical Certificate	Employee	yes
Appendix I	Employee	yes
Supervisor 'recommendation	Line Manager	yes
Optional		
Current medical report, not older than 6 months or if the application is of a psychiatric nature, no older than 2 months	Employee	
Blood tests, x-rays, scan results etc.	Employee	
Additional written motivation	Employee	

- If the employee is applying for 30 days and more then s/he completes the **Annexure B** (Long term incapacity leave-LTIL)
 - Employee completes application for LTIL, consent form, submits the statement by the Medical Specialist/s within 5 days from the first day of absence to the supervisor.

Long Term Incapacity Leave Checklist		
Document	Party Responsible	Yes (✓) No(X)
Mandatory		
Annexure B Part A – Employees application for incapacity leave	Employee	Yes
Annexure B Part B - Employee's consent form	Employee	Yes
Annexure B Part C – Medical Report by attending doctor	Doctor	yes
Medical Certificate	Employee	yes
Supervisor's recommendation	Line Manager	yes
Optional		
Current medical report, not older than 6 months or if the application is of a psychiatric nature, no older than 2 months	Employee	

Blood tests, x-rays, scan results etc.	Employee	
Additional written motivation	Employee	

ROLE AND RESPONSIBILITIES OF THE PRINCIPAL/MANAGER

INCAPACITY LEAVE

STIL

- The Principal/Manager to follow-up/ensure that the application is submitted.
- The principal/Manager must check whether the Annexure A is completed. Use the checklist.
- The principal/Manager signs off the application and submits the Annexure A to Head Office within 2 days of receipt from the Employee.

LTIL

- The Principal/Manager to follow-up/ensure that the application is submitted.
- The Principal/Manager must check whether the Annexure B is completed. Use the checklist.
- The Principal/Manager signs off the application and submits the Annexure B to Head Office within 2 days of receipt from the Employee.

ROLE AND RESPONSIBILITIES OF THE EMPLOYEE

ILL HEALTH RETIREMENT

The employee must complete and submit to the Principal/Manager Annexure E Part B –Statement by Employee, Annexure E Part C – Employee’s consent form. The employee must make sure that Annexure E Part D – Statement by attending doctor or practitioner is completed.

The employee must note that an Annexure B must be completed and submitted to the Principal/Manager should the employee be at home due to illness.

ROLE AND RESPONSIBILITIES OF THE PRINCIPAL/MANAGER

- The Principal/Manager must check whether the Annexure E is completed. Use the checklist.
- The Principal/Manager signs off the application and submits the Annexure B to Head Office within 2 days of receipt from the Employee.
- The Principal/Manager may include a letter of motivation or any other additional information as part of the application.

III-Health Retirement Checklist		
Document	Party Responsible	Yes (✓) No(X)
Mandatory		
Annexure E Part A – Statement by Employer	Employer	yes
Annexure E Part B –Statement by Employee	Employee	yes
Annexure E Part C – Employee’s consent form	Employee	yes
Annexure E Part D – Report (motivation) by attending doctor or practitioner. If this part is completed by general practitioner, a copy of a specialist report must be provided.	Attending Doctor	yes
Blood tests, x-ray results, scan results etc.	Employee	yes
Certified copy of ID document	Employee	yes
Job description	Employer	yes
Employee’s medical certificates/reports for current and (if available) previous sick leave cycles	Employer	yes
PERSAL printouts of Employee’s leave records of current & if available, the previous sick leave cycles	Employer	yes
Motivation by the line manager	Line manager	yes
Optional		
Additional written motivation	Employee	

What do you do as the Supervisor when you identify a trend, an employee has utilized more than 20 days of sick leave and/or you suspect that sick leave is being abused?

Your first step is to have a conversation (“We Care Conversation Template”) with the employee to determine the root cause for the absence and whether you can offer support through Employee Health and Wellness, peer support, mentoring and/or coaching.

Accessing Employee Health and Wellness can be done in 3 ways:

There are three referral types to the Employee Health and Wellness Programme (EHWP):

- Self-Referral: Employee independently accesses the EHWP via the toll-free line. This is a completely confidential process and no information is provided to a third party.
- Assisted Referral: Employees’ problems are not yet impacting on their work performance and their manager believes that they would benefit from counselling or health support. It can be seen as a pre-emptive referral to reduce risk. In all assisted referrals, we provide the manager with a written report containing the employee’s attendance for sessions and relevant progress information.
- Formal Referral: Employee is experiencing difficulties that are impacting on work performance. The primary aim of the formal referral is to assist the manager and the employee in taking steps to improve the employee’s work performance. In all Formal Referral cases, a written report containing information and recommendations relevant to the employee’s attendance and work performance is sent to the Manager.

As the supervisor it is essential that the interventions be documented and timelines be attached to the interventions. The aim of the intervention must always be in the interests of both the Employer and Employee.

Strategies:

Number of Days	Risk Rating	Action
0-10 days	Low	No Action/Monitor
11-19 days	Medium	Discussion with the employee and the supervisor to highlight absenteeism. Explore and implement support options. Assess and Review.
20-30 days	Medium-High	Discussion with the employee and the supervisor to highlight absenteeism. Explore and implement support options. Assess and Review.
30 days and more	High-Critical	Implement Urgent Intervention Strategies: Return to work or explore the possibility of exit. Engage stakeholders (Employee Relations/Incapacity Working Group/Service Benefits)

Should these interventions not succeed the supervisor needs to outline the options to the employee as payment of salary must be linked to provision of labour.

9. ROLE AND RESPONSIBILITIES OF THE SERVICE BENEFITS TEAM

Managers of each Multi-Functional Team (MFT) with Service Benefits reconcile the leave captured on PMPS with that which appears on PERSAL. The objective is to ensure that sick leave is captured for every day taken; and that all leave forms, Annexures and supporting documentation is submitted.

Managers also analyse reports based on PERSAL data and identify employees with high absentee rates within their District Attendance profiles of employees at risk are identified and a strategy is agreed upon.

Number of Days	Risk Rating	Action
30 days +	Low	No Action/Monitor
60 days +	Medium	Data provided to District Director. EAP Information shared.

90 days +	Medium-High	Data provided to District Director. EAP Information shared.
120 days -300 days	High-Critical	Implement Urgent Intervention Strategies

Urgent Intervention strategies include:

Communicating with the CM/Principal/Manager and sharing the information with the aim of finding a way that meets the needs of both the Employer and Employee.

Speaking to the supervisor and outlining the options:

- a) Re-integration into the same workplace;
- b) Transfer (due processes to be followed by the Manager/Principal/Employee and District Director) to another site because of contextual workplace challenges eg. PTSD linked to the site;
- c) Discharge due to incapacity (poor performance or ill-health) as per the relevant legislation (11 (1) (c).
- d) Resignation
- e) Retirement (Early, ill-health)

10. COMMUNICATION

Advocacy and awareness around the administration and management of chronic absenteeism in the workplace involves addressing Supervisors at all levels, Union Representatives and Employees. This takes the form of circulars, webinars and F2F engagements (Individual and groups).