

Corporate Policies and Procedures			
DEPARTMENT: Human Resources			POLICY #: D-01
POLICY: Short-Term Disability Plan			
DATE: JUN/93	REV. DATE: JAN/16	COVERAGE: All Non-Union Full-time Employees	PAGE #: 1 of 5

POLICY STATEMENT:

The County of Renfrew provides income protection through a short-term disability plan for periods of up to seventeen (17) weeks, per incident.

PROCEDURE:

1. All full-time employees covered by this Policy are eligible for coverage after three (3) months service with the County, except if there is a break in service. The pro-rated part-time service is reflected in determining eligibility under the waiting period and for the purpose of determining the extent of leave available at one hundred percent (100%) of salary.
2. The following apply to coverage:
 - (a) Coverage is in effect twenty-four (24) hours per day and provides income protection for any illness or injury that is not covered by *Workplace Safety and Insurance Benefits* and the *Ontario Automobile Insurance Act*.
 - (b) When an employee becomes eligible for coverage, coverage commences with the first day of illness based on the following benefit schedule:

Length of Service	100% of Salary	67% of Salary
3 months but less than 1 year	1 week	16 weeks
1 year " 2 yrs.	2 weeks	15 weeks
2 yrs. " 3 yrs.	3 weeks	14 weeks
3 yrs. " 4 yrs.	4 weeks	13 weeks
4 yrs. " 5 yrs.	5 weeks	12 weeks
5 yrs. " 6 yrs.	7 weeks	10 weeks
6 yrs. " 7 yrs.	9 weeks	8 weeks
7 yrs. " 8 yrs.	11 weeks	6 weeks
8 yrs. " 9 yrs.	13 weeks	4 weeks
9 years and over	17 weeks	0 weeks

- (c) An employee covered by this benefit has up to seventeen (17) weeks of benefit coverage per illness/disability. Based on the number of years of service, an

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employee may be eligible for coverage at one hundred percent (100%) of salary or sixty-seven percent (67%) of salary in accordance with the above schedule.

- (d) If an employee returns to work and has a recurrence of the same illness/disability, the employee is entitled to sick leave of seventeen (17) weeks minus the period of sick leave used for the previous occurrence(s).
- (e) Reoccurrence after three (3) consecutive weeks of full duty and full hours, reinstatement of full entitlement.
- (f) If an employee returns to work following receipt of long term disability benefits and becomes disabled from the same or related causes within 6 months from the end of the period for which benefits were paid under LTD policy, the employee is eligible for continuation of benefits under the long term disability policy and is not entitled to reinstatement of short term disability.
- (g) If, during any fully paid leave of absence, an employee becomes ill, the employee advises the Employer of the illness. Appropriate certification, if required, is requested. An employee on any leave of absence that is not a fully paid leave is not eligible for payment of short-term benefits in the event of illness. Eligibility for short-term benefits is reinstated once the employee returns to work, as authorized.
- (h) If an employee is sick/disabled, other forms of leave cannot be substituted for the employee's sick leave entitlement.
- (i) If, during the short-term disability leave, an employee is laid off or terminated other than for retirement, the employee continues on short-term disability leave until the earliest of:
 - (i) The expiry of his/her short-term disability coverage (seventeen (17) weeks per incident).
 - (ii) The end of the illness.
- (j) If notice of lay-off or termination is given prior to the commencement of the short-term disability leave, and the short-term disability leave starts within two (2) calendar months of the lay-off/termination date, the leave stops on the layoff/termination date.
- (k) If an employee does not provide functional abilities information (Treatment Memorandum Functional Abilities Report – Appendix A) and/or satisfactory medical information to support total disability for an absence that is forecast to be

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for more than ten (10) consecutive working days, short-term disability benefits can be suspended.

- (l) Participation in the return to work program (see Corporate Policy G-05 - Return to Work Program – Temporary Accommodations) performing modified work concurrent with functional abilities is expected if offered. Non-participation may result in suspension of short-term disability benefits;
 - (m) If an employee returns to work through participation in a modified work program (work hardening program) but is unable to return to full hours, his/her remaining sick entitlement can be used to cover the hours he/she is unable to work (e.g. employee usually works seven (7) hours/day – five (5) days/week, employee has two (2) weeks (70 hours) of short-term sick leave remaining; employee returns to work through a modified work program (work hardening program) but is only able to work four (4) hours/day – three (3) days/week; employee will be paid regular for twelve (12) hours/week and short-term sick leave entitlement for the remaining twenty-three (23) hours/week).
 - (n) If an employee returns to work through participation in a modified work program (work hardening program) but is unable to return to full hours, his/her sick leave entitlement is pro-rated (e.g. employee usually works seven (7) hours/day – five (5) days/week but is currently working three and one-half (3 & 1/2) hours/day – five (5) days/week; employee calls in to work with an unrelated illness; employee is entitled to one-half (1/2) entitlement (one-half (1/2) day as opposed to one (1) full day).
3. The following apply to benefit and service continuation:
- (a) During the period of short-term disability all benefit coverage continues subject to proper and acceptable medical certification for absence. If employment is terminated during the short-term disability leave, benefits cease on the termination date except for long-term disability coverage relevant to the present disability causing the employee to be on short-term disability. Life coverage should be continued until approval of long-term disability.
 - (b) Vacation credits and statutory holidays will not accrue after a period of thirty (30) consecutive days of leave for illness. Service will not accumulate after one (1) calendar year of absence.

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4. The following apply to incentive payouts:
- (a) Each employee is eligible for six (6) days incentive payment for the twelve (12) month period from December 1st to November 30th. Such incentive payment is reduced by one-half (1/2) day for each day that an employee is absent due to sick leave usage and by one-quarter (1/4) day for each half (1/2) day that an employee is absent due to sick leave usage.
 - (b) Each December, every employee receives a payout of the credits earned during the year. A new employee will not earn credits for the first three (3) months of employment.
 - (c) On termination or transfer from full-time to part-time status, an employee is eligible for only one-half (1/2) day credit per completed month of service.
 - (d) Employees will not become eligible for sick leave incentive payment if the employee is on an unpaid leave of absence (including Workplace Safety and Insurance Benefits) or after a period of thirty (30) consecutive days leave for illness.
5. The following apply to medical certification for leave:
- (a) A medical certificate is required under the short-term plan in the following circumstances:
 - (i) During the period of short-term sick leave if the leave continues beyond three (3) consecutive days.
 - (ii) For continuation of paid sick leave beyond lay-off or termination as outlined in section 2(h).
 - (iii) Medical certificates for absences less than 3 days may be required where the employee has been warned of excessive absenteeism.
 - (b) During the short-term sick leave, straight time pay is continued; however, if proper medical certification is not provided as required, the absence is without pay, and deducted from future earnings.
6. The following apply to medical information:
- (a) In the situation when a medical certificate of disability is deemed unsatisfactory by the County or in the event that abuse of sick leave is suspected, or where legitimate but excessive sick leave usage appears to occur, an employee may be

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required to provide additional medical information and/or have a medical examination by a physician appointed by the County.

- (b) An employee eligible to continue paid sick leave beyond lay-off or termination, as outlined in section 2(h), may be required to provide additional medical information and/or have a medical examination by a physician appointed by the County.
- (c) Applicable costs involved are paid by the County.

APPENDIX A:

Treatment Memorandum Functional Abilities Report



**COUNTY OF RENFREW
TREATMENT MEMORANDUM & FUNCTIONAL ABILITIES REPORT (TMFAR)**

This information is essential for reporting circumstances and may impact wage continuance benefits.

Name: _____ Telephone # _____ Home: _____
 Work: _____

Department: _____ Employee #: _____

Location: _____ Position: _____

I hereby authorize my treating health professional(s) to release personal health information (**related to my current absence or accommodation request**) on this assessment form to the Employee Health Coordinator (EHC), RegN, (or designated medical professional), 9 International Drive, Pembroke ON K8A 6W5, and its duly authorized agents for the purposes of determining my eligibility for health-related benefits, making appropriate decisions regarding my return to regular or modified duties, managing my attendance and otherwise managing my employment relationship. I understand information related to my abilities and limitations in addition to recommendations to foster appropriate case management will be shared with my management, Human Resources personnel, and WSIB personnel. I understand the EHC may contact my health professional if further clarification **regarding the information on this form and safe return to work** is required. I understand that in the event medical details are shared with the EHC they will be kept confidential.

This authorization is based upon my employer's agreement that the information provided will be kept confidential and used and disclosed only in accordance with the *Personal Health Information Protection Act, 2004*. I am aware that I can choose whether to provide or withhold this consent, but that my decision may affect my eligibility for health-related benefits or my ability to return to regular or modified work duties.

Dated at _____ this _____ day of _____ 201 _____

Signed _____

EMPLOYEE: Please fax or deliver this completed form by the required date, agreed upon by your management, to your management or alternatively to the attention of the Employee Health Coordinator. (Confidential Fax: 613-735-7590; Mail: 9 International Drive, Pembroke ON K8A 6W5, If faxing, notify the recipient.)

NOTICE TO HEALTH CARE PRACTITIONER:

This notice is to advise you that the County of Renfrew has a Return to Work Program and may offer temporary modified work to your patient. Please provide his/her current limitations and restrictions pertaining to his/her impairment. The County's Return to Work Program is individualized according to the employee's capabilities. Your input and recommendations are welcome. Our successful Return to Work Program is achieved with your co-operation and that of the employee, the employee's Management, and our Employee Health Coordinator (EHC). The Manager/Supervisor monitors the employee on a regular basis and adjusts the program to meet the employee's changing needs, in consultation with our EHC as needed.

If this case involves a work related illness or injury, the Workplace Safety & Insurance Act requires the County to provide suitable temporary modified work. If you require more information about the County's Return to Work Program, please contact the EHC. To receive payment for completion of this form, send invoice to: County of Renfrew, Attn: Employee Health Coordinator, 9 International Drive, Pembroke ON K8A 6W5.

Office: 613-735-3675 ext. 499 or Cell: 613-732-0309
Sincerely, Corporate Human Resources

1. Nature of current illness or injury: _____
2. Is the worker following prescribed medical treatment? Yes No Unknown
3. This worker's position at the County of Renfrew is _____
 Is the worker capable of returning to work **without** restrictions immediately?
 Yes Proceed to #8 at bottom of next page.
 No Continue with #4 below.

4. Outline physical functional ability status. If the limitations/restrictions are "mental" in nature, and there are no physical limitations/restrictions, please proceed to question #5.

<p>1. Walking</p> <p><input type="checkbox"/> No restrictions <input type="checkbox"/> Short Distance</p> <p><input type="checkbox"/> Other</p> <p>Details: _____</p>	<p>2. Standing</p> <p><input type="checkbox"/> No restrictions <input type="checkbox"/> Less than 15 minutes</p> <p><input type="checkbox"/> Less than 30 minutes <input type="checkbox"/> Other</p> <p>Details: _____</p>
<p>3. Sitting</p> <p><input type="checkbox"/> No restrictions <input type="checkbox"/> Less than 30 minutes</p> <p><input type="checkbox"/> Less than one hour <input type="checkbox"/> Other</p> <p>Details: _____</p>	<p>4. Lifting floor to waist</p> <p><input type="checkbox"/> No restrictions <input type="checkbox"/> Less than 10 kg.</p> <p><input type="checkbox"/> Less than 25 kg. <input type="checkbox"/> Other</p> <p>Details: _____</p>
<p>5. Lifting waist to shoulder</p> <p><input type="checkbox"/> No restrictions <input type="checkbox"/> Less than 10 kg.</p> <p><input type="checkbox"/> Less than 25 kg. <input type="checkbox"/> Other</p> <p>Details: _____</p>	<p>6. Stair climbing</p> <p><input type="checkbox"/> No restrictions <input type="checkbox"/> Short flights only</p> <p><input type="checkbox"/> Other</p> <p>Details: _____</p>
<p>7. Ability to use hands</p> <p><input type="checkbox"/> No restrictions <input type="checkbox"/> Difficulty holding objects</p> <p><input type="checkbox"/> Difficulty typing <input type="checkbox"/> Difficulty writing</p> <p><input type="checkbox"/> Other</p> <p>Details: _____</p>	<p>8. Repetitive pull / push movement</p> <p>Details: _____</p> <p>_____</p> <p>_____</p>
<p>9. Permissible physical exertion</p> <p><input type="checkbox"/> Mild <input type="checkbox"/> Moderate</p> <p><input type="checkbox"/> Other</p> <p>Details: _____</p> <p>_____</p>	<p>10. Other limitations</p> <p><input type="checkbox"/> Operating motorized equipment/vehicle</p> <p>Details: _____</p> <p><input type="checkbox"/> Restrictions related to medications</p> <p>Details: _____</p> <p><input type="checkbox"/> Other – Please specify: _____</p>

5. Functional Limitations of a Cognitive Nature N/A
 What are our employee's capacities to deal with the following cognitive/psychological demands/tasks?

Concentration: _____

Memory: _____

Focus: _____

Decision Making / Problem Solving: _____

Other: _____

6. Expected duration of limitations/restrictions?
 Less than 1 week 1 week 2 weeks 3 weeks 4 weeks More than 4 weeks

7. Review date is scheduled for: _____

8. Expected date of return to full duty: _____

9. Comments/recommendations for successful re-integration back to work: _____

10. Did you complete or do you plan to complete a WSIB Form 8 or 26? Yes No

11. Name, address and title of health professional (please print): _____

Health Professional Signature: _____ Date: _____