# HR Guidance

## Changes to Sick Pay

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| **Version Control** | **Changes Made** | **Author** |
| Version 1  October 2020 | Supplementary guidance to the Grey Book Absence and Wellbeing Procedure in relation to changes in sick pay. | CCC People Management |
| Version 2  April 2024 | CFRS Rebrand | HR |

### Introduction

### This supplementary guidance to the Grey Book Absence and Wellbeing documentation applies to employees who are employed under Grey Book terms and conditions and are absent from work due to sickness. This guidance is intended to provide information to managers and employees in relation to the management of the reduction in sick pay entitlement.

It should be noted that whilst sickness absence issues should be dealt with in a fair way, they are often complex and unique and circumstances may differ from case to case.

1. Principles

This guidance has been developed in accordance with the Grey Book, Part B Occupational Health, and should be read in conjunction with the Grey Book Absence and Wellbeing Procedure and guidance. An employee’s entitlement to sick pay and the associated detail and calculations are defined in the aforementioned guidance.

For sickness absence, full pay will be paid up to a cumulative total of 6 months' absence in any 12-month period followed by half pay for any other period within the 12 months. Absence longer than 12 months may not be paid.

An employee on authorised sick leave as a result of an illness or injury confirmed as arising out of authorised duty shall be entitled to full pay for twelve months. Thereafter, the fire and rescue authority will reduce pay by up to half for six months. Fire and rescue authorities have the discretion to extend the period of sick pay in exceptional cases. Please see Workplace Injury and Illness Guidance.

1. Reduction in sick pay process

All employees who have been absent from work due to sickness, which is not related to an illness or injury arising out of unauthorised duty, will automatically have their pay reduced to half after 6 months of absence and will subsequently see their pay reduced to zero pay after 12 months of absence.

In respect of absences relating to an illness or injury arising out of authorised duty, and where there are exceptional circumstances, the employee can make a request for an extension to their sick pay at the point that their sickness absence reaches 12 months duration, using the process detailed below.

This reduction in pay is an automated process which is completed by the Service Centre. The employee is written to by the Service Centre to explain that their pay will be reduced.

On receipt of this letter, provided there are exceptional circumstances associated with the absence, the employee can request an extension to their sick pay for a set period of time (usually no longer than 6 months and can be less than this). If the employee wishes to seek an extension to their sick pay, they must firstly inform their line manager. Managers must have considered all other options, including reasonable adjustments, to enable the employee to return to work and fulfil the full duties of their role, before deciding to support an employee’s request for extension to sick pay entitlement.

If the line manager supports the request, they must, together with the employee, complete the extension to sick pay form (see Appendix 1), providing both employee and manager comments, relevant dates and the exceptional circumstances that they believe should be taken into account. This form then must be sent to the Chief Fire Officer (or their nominated representative) who will determine the suitability for extension to sick pay. Extensions will only be granted if there are exceptional reasons for doing so and each case will be considered on its merits. The default position is to adhere to the usual sick pay provision of 6 months full pay and 6 months half pay which is in accordance with Grey Book Terms and Conditions. Once a decision has been made this will be communicated to the employee’s line manager. Should an extension be approved the line manager must contact the Service Centre to instruct them to extend sick pay in accordance with what has been agreed and inform the employee.

The above process must be followed for every change in sick pay.

Appendix 1: Officer Decision Record for Extension to Sick Pay

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| **Section One *(for employee to complete)*** | | | | | | | | | |
| **Employee Details** | | | | | | | | | |
| Title: | |  | | | | | | | |
| Full Name: | |  | | | | | | | |
| Home Address in full (including Post Code): | | | | | |  | | | |
|  | | | | | |
| Employee Number: | | |  | | | | | | |
| Job Title: | | |  | | | | Station: | |  |
|  | | | | | | | | | |
| **Absence Details** | | | | | | | | | |
| First Day of Sickness Absence: (including weekends) | | | | | | | | | |
| Date: |  | | | | | | | | |
| Time: |  | | | | | | | | |
| Sickness absence reason: | | | | |  | | | | |
| Was your absence caused by an accident at work? | | | | | | | **YES / NO** | | |
| If YES have you notified your supervisor and followed the correct H&S process? | | | | | | | **YES / NO** | | |
| Was your absence caused by work related ill health? | | | | | | | **YES / NO** | | |
|  | | | | | | | | | |
| **Reason for extension request** | | | | | | | | | |
| Length of extension (up to 6 months maximum): | | | | | | |  | | |
| Please state why you are requesting an extension to your sick pay entitlement: | | | |  | | | | | |
| Additional comments: | | | |  | | | | | |
|  | | | | | | | | | |
| **Warning – False Declaration** | | | | | | | | | |
| **You are reminded that knowingly making a false declaration is a very serious disciplinary matter which could result in dismissal.** | | | | | | | | | |
| **Employee Declaration** | | | | | | | | | |
| **I declare that the details given above are correct to the best of my knowledge. I have read the warning on making a false declaration. I consent to Cumbria County Council processing, by means of a computer database or otherwise, any information which I provide to them for the purpose of absence monitoring or statistical returns.** | | | | | | | | | |
| Signed: | | | | |  | | Date: |  | |
| **Section Two *(to be completed by line manager)*** | | | | | | | | | |
| **Absence Details** | | | | | | | | | |
| Background to absence and action taken under the absence and wellbeing procedure (e.g. absence management meetings, OH referral, workplace adjustments, risk assessments and accident investigation) | | | | |  | | | | |
| Has Occupational Health Advice been sought? | | | | | **YES / NO** | | | | |
| Has People Management Advice been sought? | | | | | **YES / NO** | | | | |
| Please state why you are supporting this extension request: | | | | |  | | | | |
| Additional Comments: | | | | |  | | | | |
| **Manager Declaration** | | | | | | | | | |
| **Warning – False Declaration** | | | | | | | | | |
| **You are reminded that knowingly making a false declaration is a very serious disciplinary matter which could result in dismissal.** | | | | | | | | | |
| **I declare that the details given above are correct to the best of my knowledge. I have read the warning on making a false declaration. I consent to Cumbria County Council processing, by means of a computer database or otherwise, any information which I provide to them for the purpose of absence monitoring or statistical returns.** | | | | | | | | | |
| Signed: | | | | |  | | Date: |  | |
| **ONCE COMPLETE THIS FORM MUST BE SENT TO THE CFO (OR NOMINATED REPRESENTATIVE)** | | | | | | | | | |
| **Section Three *(for Officer Decision maker only)*** | | | | | | | | | |
| Extension to sick pay granted: | | | | | | | **YES / NO** | | |
| Reason for decision: | | | | | | |  | | |
| Length of extension: | | | | | | |  | | |
| Signature: | | | | | | |  | | |
| Post Title: | | | | | | |  | | |
| Date: | | | | | | |  | | |