EXTENSION TO OCCUPATIONAL SICK PAY Appendix A

This form requires to be completed when an employing Cluster wishes to request an extension to occupational sick pay in the event of an employee being diagnosed as being in the terminal phase of an illness\*.

**Note: To be forwarded to the relevant People and Organisation Adviser at e-mail address employeerelations@aberdeencity.gov.uk upon completion by the employee's Chief Officer.**

|  |  |  |
| --- | --- | --- |
| **1** | **Employee Name:** | **Job Title:** |
|  | **Employee Payroll Number:** | **Function/Cluster:** |
|  | **Date Continuous Service Commenced:** | **Date Occupational Sick Pay Concludes:**  **Full Pay Half Pay** |
|  | **Details of the request:**  **Full pay to continue from < > to < >**  **Half pay to continue from < > to < >** | |

|  |  |
| --- | --- |
| **2** | **Have you included the latest medical report from Occupational Health?**  **Please note that if the medical report is not included, the request may not be considered.** |

|  |  |  |  |
| --- | --- | --- | --- |
| **3** | **Supporting Statement by Chief Officer Supported/Not Supported**  **(delete one)** | | |
|  | *(enter supporting wording here)* | | |
|  | **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Job Title of Chief Officer:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Electronic signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_** |

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**FOR COMPLETION BY CHIEF OFFICER - PEOPLE AND ORGANISATIONAL DEVELOPMENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4** | **Authorisation of request** | |  | |
|  | **I authorise\*/do not authorise\* the above request. (\*please delete as appropriate)**  **If not authorised, please give reason:** | | | |
|  | **Chief Officer – People and Organisational Development** | **Electronic signature:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_** |

**NOTES ON THE PROCESS AND COMPLETION OF FORM**

**PROCESS**

Any request for the extension of occupational sick pay must be made using this form.

The form should be completed by the employing Cluster requesting the extension and must be signed by the employee’s Chief Officer (electronic signature). It should be forwarded to the relevant People and Organisation Adviser at e-mail address [employeerelations@aberdeencity.gov.uk](mailto:employeerelations@aberdeencity.gov.uk) who will then forward it to the Chief Officer – People and Organisational Development for consideration.

If approved, the completed form will be e-mailed to the Chief Officer and to the HR Service Centre by a People and Organisation Adviser. The HR Service Centre will e-mail a copy of the form to the Payroll Section for implementation and place a copy in the employee’s personal file.

The Cluster will inform the employee of the outcome using Appendix B, as detailed in the procedure.

**COMPLETION OF FORM**

1. **Date Occupational Sick Pay Concludes**

The HR Service Centre must be consulted in relation to these dates.

1. **Details of the request**

This should include details of the length of extension to occupational sick pay being requested.

1. **Occupational Health Report**

As detailed in the guidelines, the Occupational Health report should be attached to this form in order that all the information can be considered by the Chief Officer – People and Organisational Development. It is likely that failure to attach a report will result in the request not being considered.

1. **Supporting Statement by Chief Officer**

This should contain information relating to why the Cluster are willing to support the request.