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| **Document Name** | Sick Day or Unexpected Absence Policy |
| **Document Number** | 1008 |
| **Last revised** | July 25, 2022 |
| **Purpose** | To ensure that all time off for employee sickness or unexpected absence is recorded |
| **Connecting Documents** | Not applicable |
| **Connecting Forms** | 2000Af |
| **Connecting Systems** | Not applicable |

**Sick Day or Unexpected Absence Policy**

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| **IF RUNNING LATE OR UNABLE TO COME TO WORK FOR ANY REASON****CALL 613-530-3419 x 228****IF NO ANSWER, PLEASE LEAVE A VOICEMAIL** |

1. If an employee is late or not able to attend work for any reason, he or she must call in to 613-530-3419 ext. 228 no later than 7:00 AM that morning to inform of the absence/tardiness, as well as the reason for the absence/tardiness. If no one is available, the employee must leave a voicemail.
2. The absence or tardiness will be recorded by Office Administration. Office Administration will then inform the appropriate department manager of the employee’s absence, as well as what the physical condition is.
3. Office Administration will advise the appropriate department manager of the employee’s absence or tardiness and the reason.
4. For any absence unexpected, the employee **must** hand in a time-off form the day of their return.

**This policy will be strictly enforced and failure for any employee to adhere to it may result in disciplinary action.**

**In effect: July 25, 2022, until further notice**

I have read and been informed about the content, requirements, and expectations of the [Sick](https://www.thebalancecareers.com/dress-code-1918098) Day or Unexpected Absence policy for employees at EZ STAK. I have received a copy of the policy and agree to abide by the policy guidelines as a condition of my employment and my continuing employment at EZ STAK.

I understand that if I have questions, at any time, regarding the dress code policy, I will consult with my immediate supervisor or my Human Resources department.

Please read the [Sick](https://www.thebalancecareers.com/dress-code-1918098) Day or Unexpected Absence policy carefully to ensure that you understand the policy before signing this document.

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_