



Office of the Auditor General / Bureau du vérificateur général

AUDIT OF SICK LEAVE MANAGEMENT

2008

VÉRIFICATION DE LA GESTION DES CONGÉS DE MALADIE

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EXECUTIVE SUMMARY

Introduction

The Audit of Sick Leave Management was included in the 2008 Audit Plan of the Office of the Auditor General, first presented to Council in May 2007.

Background

The City manages sick leave using its Attendance Management Program (AMP). The present program recognizes exemplary and improved attendance, fosters employee awareness of the importance of good attendance, and provides assistance to employees in improving attendance through a variety of programs. The City should endeavour to improve both on an individual and collective level its employees' health. Reducing sick leave leads to both a savings for the City and better service to the public.

A certain amount of sick leave is inevitable, that is when employees are sick they should not be at work. However, studies have shown that corporations with a strong wellness strategy benefit from: reduced absenteeism; employees having better workplace morale; employees having better attitude toward the employer; increased productivity; and, reduced overall costs. As well, healthier employees may be less likely to be in an accident, may be sick less often or recover from sickness more rapidly.

During 2007, the City of Ottawa employed approximately 17,000 employees with annual compensation (salaries, wages, and benefits) of \$1.1 billion¹.

Not all employees are provided sick leave benefits, e.g., casual. In 2007, 11,470 employees used 881,547 paid sick hours costing taxpayers approximately \$27.8 million or 4.5% of the \$618.5 million total employee's compensation budget eligible for short-term disability.

The City's Enterprise-wide Resources Planning (ERP) System (SAP) 2007 sick leave data used in this report excludes, Ottawa Police Service and Ottawa Public Library, which are both out of scope. Also not included in the data are areas not reporting to the City Manager - namely, the Office of the Auditor General (21.3 days of sick leave - average of 2.7 days per employee) and Committee of Adjustment (125.0 days of sick leave - average of 8.9 days per employee).

The Attendance Management Program (AMP) provides short-term disability data to management internally in days. Conversely, Employee Services has participated in the external Human Resources Benchmarking Network (HRBN) - Annual Benchmarking Survey in hours. The latter is reported in hours to standardize the

¹ 2007 City of Ottawa Annual Report

data between participating organizations as various employees' and organizations' workdays vary in length.

The former Attendance Improvement Program (AIP) was modified and reissued in January 2007 as AMP. One of the audit's objectives was to evaluate and assess if there was strict adherence to AMP procedures. AMP is governed by corporate procedures dated October 25, 2006, as amended following the award by the Board of Arbitration on October 1, 2006. As reported under AMP, City employees covered under the program used an average of 10.64 days in 2007.

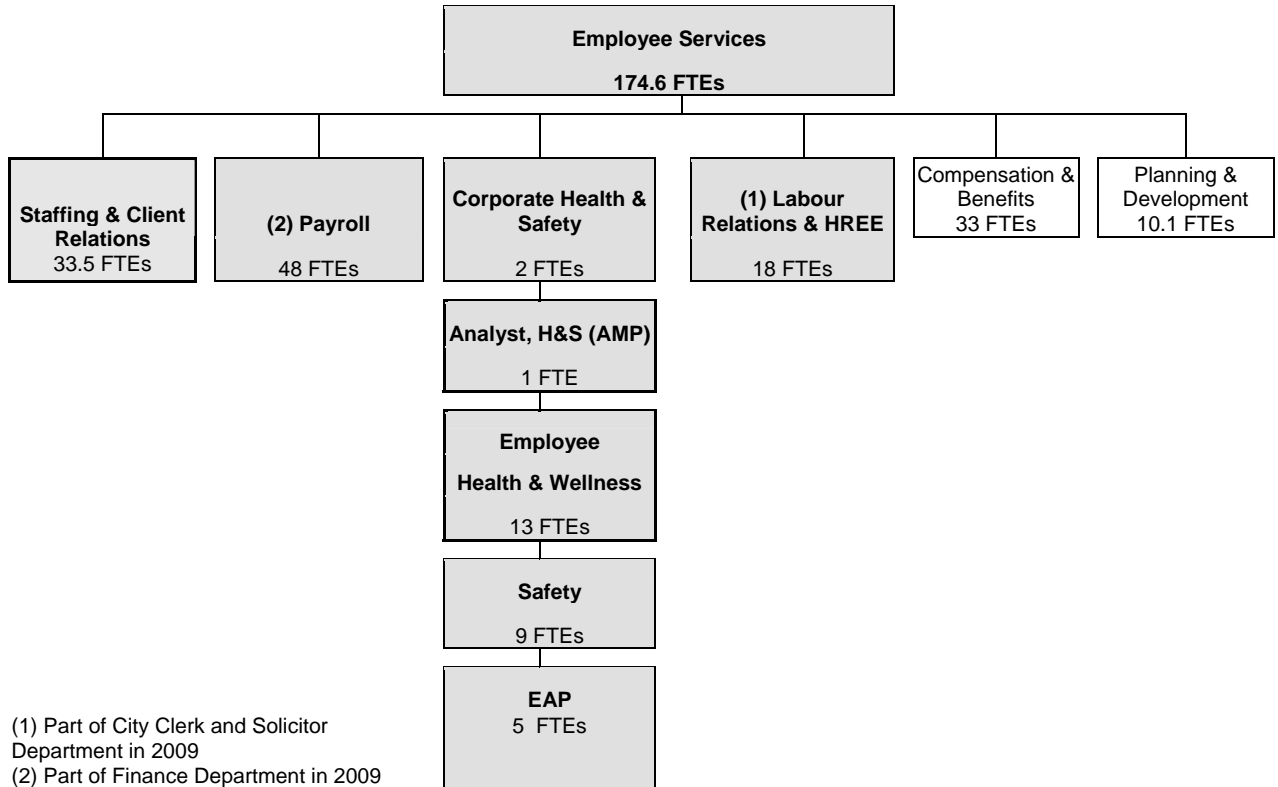
AVERAGE SICK LEAVE STATISTICS 2005-2007

Per Employee Services

Year	Average Sick leave day per employee	Employee Count
2005	10.3	9,588
2006	10.1	10,034
2007	10.6	10,539

The Centres of Expertise relating to sick leave resides in the Employee Services Branch, primarily in the Health and Safety Division, although Payroll Division and Labour Relations and Human Rights and Employment Equity (HREE) have integral roles. Staffing and Client Relations also play a role in the Priority Placement Process. This process is triggered when there is a need to secure permanent suitable accommodations for employees with permanent medical and functional restrictions.

Below is the 2007 organizational chart for Employee Services.



Scope

The scope of the audit included the:

- Overall 2007 absenteeism related to all short-term disability (e.g., certified, uncertified, paid, unpaid, etc.); and,
- Attendance Management Program.

The audit excludes:

- Absences related to Workplace Safety and Insurance Board of Ontario (WSIB) injuries/illnesses and long-term disability (LTD) claims;
- Absences related to a declared disability;
- Ottawa Public Library; and,
- Ottawa Police Service.

Objectives and Key Findings

Audit Objective 1: Assess if absenteeism related to sick leave is appropriately managed.

The City of Ottawa has managed its employee's sick leave through two programs: the Attendance Improvement Program, and from January 2007 on, through the Attendance Management Program. The objectives of AMP are to:

- "Recognize exemplary attendance and/or improved attendance
- Foster employee awareness of the importance of good attendance
- Assist employees in improving attendance through a variety of programs
- Encourage the reduction of the excessive use of IPP or sick leave benefits
- Accommodate employees with disabilities as defined under the Ontario/Canadian Human Rights legislation
- Encourage the proper use of sick leave"

As decreasing sick leave is not, at present, an objective of the City's current program, no efforts are specifically made to do so. It is our opinion that a fundamental goal of any attendance management program should be to decrease sick leave. Unless the City clearly establishes such a goal and that senior managers communicate it to lower level employees, decreasing sick leave will continue to represent a challenge for the City.

The average paid sick hours per eligible employee has slightly increased from 2006 to 2007. Employee Services reported in the HRBN - Annual Benchmarking Survey, for 2007, that 11,470 City employees used 881,547 paid sick hours for an average of 76.9 paid sick hours per eligible employee. Management estimates that, including Ottawa Public Library, sick leave costs taxpayers approximately \$27.8 million or 4.5% of the \$618.5 million total employee's compensation budget eligible for short-term disability. This represents an average increase of 3 paid hours per participating employee from 2006. During 2006, a total of 844,089 paid sick hours were incurred for an average of 73.9 paid sick hours per eligible employee (11,417 City employees).

When comparing Ottawa to other cities that have responded to the HRBN survey, it was observed that many cities, such as Mississauga, had paid sick leave hours per eligible employees lower than Ottawa.

Occupational Health Consultants (OHC) feel that corporate policies do not clearly define the roles of the OHCs, managers and Labour Relations in the sick leave management process. The Employee Health and Wellness (EH&W) unit perceives that some employees look at short-term sick leave as a benefit owed to them and not a form of insurance to be used for bona fide short-term disability. Managers across the City share this view. There is a perception that as long as an employee provides a medical certificate from a doctor, which has been accepted by their

manager, very little can be done to manage sick leave. OHCs report that they do not feel supported when they determine that the medical information provided does not support an employee's sick leave, and that they are often unclear as to what Labour Relations and Legal expect from them when preparing for sick leave-related grievance or arbitration proceedings. They also report that they are often requested to seek/provide information that could violate their nursing code of practice. OHCs are also uncomfortable attending grievance/arbitration hearings alongside LR and Legal, jeopardizing their ability to appear somewhat neutral in the disability management process, and to fulfill their other wellness role with employees.

EH&W indicated that some medical certificates found to be unsatisfactory and/or questionable, are nonetheless accepted. EH&W provided us with 25 examples where employees should have provided an appropriate medical certificate and did not. Six employees had not provided any certificates at all. EH&W have introduced a process to identify employees who have not provided the appropriate certificate, however the information may not be timely. Concerns related to medical certificates provided by employees relate to (examples can be associated to more than one category):

- 18 of 25 where the medical certificate was submitted more than 10 days from the start of the absence;
- 6 of 25 were "shopping lists" where one medical certificate is provided by an employee covering multiple unrelated absences under an extended period (months). This practice is more common in Fire Services. (e.g., A memo was sent in September to Fire Services employees requesting a medical certificate for previous sick leave days, e.g., from January, February, etc.);
- 11 of 25 where a physician did not see the employee during the illness period and/or not under their care received medical certificates. In some cases, a physician was seen within a relatively short period after the absence/illness. However, in other cases the medical certificate was obtained months later;
- 2 of 25 where the employee's absences and dates provided on medical certificate differed; and,
- 1 of 25 where the medical certificate was not dated.

Satisfactory medical certificates are not always coded certified in SAP prior to being put on record in an employee's human resources file. We tested a separate sample of 24 absences where a medical certificate should have been received from the employee and found:

- 12 medical notes were on file but the leave was not coded as certified in SAP;

- 3 medical notes were on file and the leave was not coded as certified in SAP due to lack of dates and one was a fax; and,
- 9 employees did not have a medical note on file.

The audit reviewed the following four areas where 2007 average number of short-term sick days per employee was high.

Sample Area Reviewed	Absence Days	Head Count	Average Day per Headcount
EFA Centre Central Division	2,547	142	18
Centre d'accueil Champlain	1,801	169	11
Signal Design and Specification, Traffic Ops.	767	39	20
Ottawa Paramedic Service, Platoon B&D	2,010	115	17

We also examined an additional sample of timesheets for 25 employees: 5 from each of the areas being reviewed (i.e., EFA Centre Central Division; Centre d'accueil Champlain Division; Signal Design and Specification Unit, Traffic Operations; and, Platoon B&D, Ottawa Paramedic). Management indicates that all references to B&D Platoons are only valid in SAP. They further state that Paramedics listed in SAP may (and often) are not aligned with the actual B&D Platoons as managed in Telestaff. Telestaff manages platoon assignments separately and not necessarily in accordance with SAP. If a high percentage of those staff who took sick leave were shown in the sample as reporting to Platoon B&D and are now assigned on the schedule to a different Coordinator, the report would incorrectly reflect a higher absenteeism with that Platoon. The reporting structure in the Paramedic Service differs from other departments within the City where the employee's supervisor oversees a Platoon. The Platoon is based on the work schedule. When an employee changes work schedules, they change Coordinators and Platoons. This was not being captured in SAP when employees changed schedules. Employees will frequently change schedules to maintain balanced staffing levels throughout the year.

However, as the City's Enterprise-wide Resources Planning System, SAP's accuracy should continuously and consistently be maintained for all personnel including Paramedics.

In addition, we selected a sample of five employees City-wide (i.e., Para Transpo; Client Service Centre; Technology Infrastructure; Roads; and, Drinking Water). We noted ineffective control over the submission, approval, and capturing of sick leave forms for employees on exception reporting. Although the City has established procedures, we found that lapse times for employees on exception reporting were not always enforced which resulted in inadequate control over submissions. Delays were noted in both employees submitting a timesheet and supervisory

signing. In one case, the employee submitted four timesheets during 2007 with absence being reported to Payroll months after their occurrence. By not submitting a timesheet in a timely fashion, an employee can potentially:

- Be compensated at 100% of his/her salary when in fact, it should be at a reduced rate of 67% (e.g., using second bank of sick leave);
- Not be placed on the AMP or not advance to the next step;
- Draw down on more than their uncertified sick leave allocation, etc.

For the sample of timesheets from 5 employees in each area covered and 5 employees selected City wide for a total of 25, we also reviewed the number of occurrences where uncertified sick leave days were attached to a statutory holiday or a weekend. Where an employee was absent on consecutive uncertified days, e.g., a Thursday and a Friday, this is considered as one occurrence; a Friday and the following Monday, is also considered one occurrence. In addition, it is important to note that only uncertified sick leave days are included in the following table. We found:

UNCERTIFIED SICK LEAVE

Five Employees from:	Total Occurrences of Sick Leave	# of Occurrences on a weekend / Attached to Weekend or Statutory Holiday	%
City wide	36	23	64%
EFA Centre Central Division	27	15	56%
Centre d'accueil Champlain Division	30	19	63%
Signal Design and Specification employees	28	16	57%
Platoon B&D employees, Paramedic	19	13	68%

In addition, 6 of these 25 employees had taken greater than their collective agreements allotment of uncertified leave days.

The practice of recovering compensation for uncertified sick leave days in excess of collective agreements allocation is inconsistently applied across the City. Although three of the four areas reviewed had considered recovering compensation, only Ottawa Paramedic Service and Traffic Operations have successfully recovered compensation for uncertified sick leave days in excess of allocations. We found that the City has not established a consistent City-wide initiative to recover those days uncertified which are in excess of an employee's collective agreement allotment. This was originally identified in the 2006 audit of the Financial Control Environment.

During the course of this and previous audits, we noted that SAP had not been fully programmed to eliminate and/or reduce the number of manual processes which staff are required to conduct. One of these processes relates to the top-up or top-down of short-term sick banks being performed by OHCs. A risk exists, that if this

manual process is not conducted on time, an employee may take greater than the 85-day bank for an illness and be compensated at 100% of his/her salary when in fact, it should be at a reduced rate of 67% (e.g., using a second bank of sick leave).

Accommodations (modified work arrangements) are not consistently provided to staff across City departments. Some employees on sick leave could return to work at an earlier date if they were provided modified work. The City lacks a City-wide inventory of modified duties position, which could be matched to employees.

We found that SAP's utilization continues to be a struggle for some managers.

Three of the four areas reviewed did not conduct trend analysis. Although Ottawa Paramedic Service did conduct trend analysis, we identified a number of occurrences where two employees residing at a same address and either working in a same unit or branch, took sick leave on a same specific day. This trend was also identified in Employment and Financial Assistance Branch. The following table highlights those employees living at a same address, which took three or more days of sick leave concurrently and nine or more days of sick leave concurrently.

BRANCH	Took 3 > days of sick leave concurrently.		Took 9 > of sick leave concurrently.	
	Pairs of Employees residing at the same address	% of Employees residing together	Pairs of Employees residing at the same address	% of Employees residing together
Employment & Financial Assistance (see table 8)	7 of 24	29%	4 of 24	17%
Ottawa Paramedic Service (see table 15)	8 of 26	31%	3 of 26	12%

Audit Objective 2: Assess appropriateness and effectiveness of the Attendance Management Program.

An AMP cycle covers a period of six months. There are lengthy delays from the end-of-cycle to the issuance of an attendance letter to employees. In all cases, at least half of the next cycle had expired before an employee was given an attendance letter.

The City has no "wellness strategy" and no overarching initiative to decrease sick leave. Using the AMP data, we found that approximately:

- 29% of employees received letters for good or excellent attendance during 2007;
- 8% of employees were on AMP at various steps; and,
- 63% of employees captured by the database did not have good or excellent attendance nor did their sick leave meet the AMP criteria and therefore were not being addressed under any strategy. Cases of high absenteeism falling within the 63% may still need to be addressed. From both an operational and

financial aspect, the City would also benefit by decreasing sick leave of those employees not meeting the AMP criteria.

AMP is a monitoring and reporting tool. Days, which managers deem an employee to be legitimately sick, may be excluded using discretion. The remaining days are eligible to the program. Although AMP forces managers to take notice of their employees' sick leave every six months, in our opinion, it has limited chances of decreasing sick leave as AMP is a non-disciplinary program and managers do not have the right to know the cause of absences.

Ottawa Paramedic Service has established a "discretion committee", consisting of 10 coordinators and 1 officer from OPS as well as the AMP administrator from Employee Services to convene and evaluate all requests for discretion. In other areas of the City, one manager grants discretion for their direct reports. We reviewed both the issue of the existence of a discretion committee and the recording of personal information with the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) and Elections Services Division. We were informed that although specific names of employees are not given to the committee, discussion of staff medical conditions in this forum infringes on an employee's privacy. In addition, as there is no legislative reason to capture any employee personal medical information on a database, we were informed that OPS do not have the right to do so. In fact, only Health and Safety Division have this legislative right.

The City has not established and communicated objectives and set measurable targets to decrease sick leave absences. Goals and objectives would give managers a clear definition of where the City sees itself within a distinct timeframe.

AMP reporting tool is not automated which creates a high risk of unintentional inaccuracies. Specifically we found that previous cycle data was not re-extracted. As SAP is a dynamic system, any sick leave entered to SAP for a previous cycle but after the data extract date, failed to be captured on the AMP databases. Management indicated that ensuring AMP's data accuracy rests with managers. However, we disagree with this approach. The AMP administrator should be disseminating to departments accurate data. It should not require a manager to verify its validity. There is also no verification that each manager re-ran the data in SAP to confirm its accuracy. We conclude that the effectiveness of the program is jeopardized and the program administrator's role is questionable when the onus for the accuracy of the information is placed on managers.

Some employees were not included on the AMP databases provided. We reviewed four divisions and identified 33 employees that were not included in either AMP databases but which incurred 452 sick leave days during 2007.

DIVISION	SAP Headcount	AMP Missing	TOTAL Sick Leave Day by Division (per SAP)	AMP missing	% Sick Leave Missing
EFA Centre Central	142	3	2,547	91	4%
Centre d'accueil Champlain	169	9	1,801	70	4%
Operations Division, OPS	352	9	5,028	114	2%
Traffic Operations	197	12	2,201	177	8%
TOTAL	860	33	11,577	452	4%

For the four divisions we reviewed, an average of 4% of sick leave reflected in the AMP databases was understated due to employees not captured. This does not take into account any inaccuracies, such as understatements of sick leave taken, resulting from AMP data not being regenerated for previous cycles.

As part of AMP, the Health and Safety Division of Employee Services calculate the average number of sick days per employee. However, these statistics have not been communicated to operational managers as an evaluation of how they compare to other areas and to City Council for information purposes. Because absenteeism is a significant cost to the City, in our opinion, Employee Services should communicate each cycle's results downward from Executive Management Committee all the way down to program managers as well as to City Council. Reporting should reflect both the number of days as well as the related costs.

We noted that the City of Toronto was able to over time reduce its average sick leave day per employee from 9.2 days in 2001 to 7.9 days in 2007.

Management advised us that the City of Toronto's *Short Term Sick Leave Plan* differs significantly from the City of Ottawa's plan. City of Toronto employees accrue sick leave based on hours worked. Once the accrued number of days or hours have been utilized, there are no provisions for the leave to be replenished until the employee is able to accrue more, whereas, with the City of Ottawa, permanent full-time employees with at least six months service are eligible for Income Protection Plan (IPP) benefits of 17 weeks (85 days) annually. Some of this is paid at full salary, and some at 66 2/3% of salary, based on years of service (i.e., 1 year of service - 2 weeks at full salary, and 15 weeks at 66 2/3%; 10 years of service - 17 weeks at full salary). This entitlement can also be reinstated within the same year under certain conditions (i.e., employee returns to work for at least one full shift and needs to go off work again for a different medical condition; or employee returns to work and subsequently goes off again for a related medical condition, as long as 30 calendar days have elapsed between the cessation of the previous claim and the commencement of the related claim CUPE 503). Nonetheless, it is important to note that the City of Toronto has decreased its sick leave.

The following table compares the City of Toronto's AMP averages for the last three years to the City of Ottawa's levels.

Year	City of Ottawa	City of Toronto
2005	10.3	8.7
2006	10.1	7.6
2007	10.6	7.9

Recommendations and Management Responses

Recommendation 1

That the City establish and communicate a fundamental AMP objective of decreasing sick leave.

Management Response

Management agrees with this recommendation. The objective has been established and communicated.

The Application section of the Attendance Management Program (AMP) procedures document clearly states that the program's primary objectives are to:

- Encourage and recognize exemplary attendance and/or improved attendance; and,
- Address absenteeism related to the use of sick leave.

The section further states that culpable absences, and any related disciplinary action, will be dealt with outside of this program.

The program information is available to managers and employees on Ozone.

Recommendation 2

That the City create SAP standard reports to assist managers in monitoring, investigating and managing employees sick leave trends.

Management Response

Management agrees with this recommendation and has implemented it.

Standard SAP sick leave reports are now available on Ozone under ManagerInfo > HR Reports > Sick Leave Usage Reports. The availability of these reports was communicated in a Management Bulletin on May 12, 2009.

Recommendation 3

That the City ensure that employees on exception reporting submit timesheets promptly and remind managers/supervisor of their responsibility to ensure direct reports submit timesheets within the required 5 to 10 days after the leave or additional hours are worked.

Management Response

Management agrees with this recommendation.

Management agrees that all City employees are responsible for submitting their time sheets and leave requests in a timely manner to their supervisors/managers, who are in turn responsible for ensuring that the time and leave is approved and entered into SAP. Managers are also responsible for completing timesheets on behalf of employees who are away from work for more than four consecutive days.

Managers were advised of the importance of submitting time and leave reporting forms in a timely manner in recent communications issued in the spring of 2009 regarding the automated sick leave tracking process. A broader communication to managers and staff is planned for summer 2009 via employee communications and *City Briefs* to outline the same requirement and the benefits of having up-to-date information.

The importance of submitting forms in a timely manner will also be reinforced during New Employee orientation sessions commencing Q3 2009.

Recommendation 4

That the City ensure that all employees provide the required satisfactory medical certificates to EH&W within the prescribed number of days, as stipulated by individual collective agreements and that the City not pay these absences until a satisfactory medical certificate is received.

Management Response

Management agrees with this recommendation.

Management agrees that it is an employee's responsibility to submit satisfactory medical certificates in a timely manner to their manager, to whom falls the responsibility for accepting or rejecting the certificates on the basis of established criteria and ensuring satisfactory certificates are forwarded to EH&W for inclusion in the employee's medical file.

Management also agrees that it is a manager's responsibility to ensure that approved, certified sick leave is entered into SAP for payment only after a satisfactory medical certificate has been received and approved per the applicable collective agreement.

Recent improvements have been made to the sick leave tracking process. Since May 2009, managers have been receiving emails advising them when their employee(s) sick leave has been entered into the SAP system and that a medical certificate is required. This allows the manager to better manage the certification process and to ensure that sick leave is appropriately approved and paid

By September 2009, if an employee submits time sheets for uncertified sick leave and his or her uncertified sick leave is exhausted, the time submitted will

automatically revert to unpaid sick leave if a medical certificate has not been submitted and approved to support certified sick leave.

OAG COMMENT: The OAG considers that this recommendation should be forwarded to the Audit, Budget and Finance Committee for discussion.

Recommendation 5

That the City document and communicate a policy/procedure/guideline clearly stating the criteria when a medical certificate will be deemed unsatisfactory and will not be accepted, (e.g., listing of an employee's absences in more than one period; doctor's medical certificate where the employee was not seen by the doctor during the absence; medical certificate for an absence which occurred at a much earlier date, etc.) and that responsibility for refusal of a medical certificate be clearly established.

Management Response

Management agrees with this recommendation.

Management will establish and document criteria for acceptable medical certificates, and communicate it to management, employees and unions by Q4 2009.

Recommendation 6

That Employee Health and Wellness ensure that medical certificates are appropriate and meet the City's requirements and be given the final authority to challenge medical certificates.

Management Response

Management partially agrees with this recommendation.

Management agrees that only those medical certificates that meet established criteria are to be accepted for substantiating sick leave (criteria to be formalized as outlined in Recommendation 5).

However, management disagrees with the suggestion that EH&W has the responsibility and final authority for the approval of medical certificates: this is the responsibility of managers.

EH&W will establish the criteria for acceptable medical certificates based on their expertise and recognized industry practice, and will continue to provide guidance to management in the application of the criteria in support of managers' responsibility to approve leave and manage the attendance of employees. Going forward, managers will be reminded of their responsibility for approving all types of leave (including sick leave), and will be provided training in support of this responsibility.

OAG COMMENT: The OAG considers that this recommendation should be forwarded to the Audit, Budget and Finance Committee for discussion.

Recommendation 7

That Employee Services ensure that employees be advised of those certificates, which are found unsatisfactory and that a consistent follow-up process occur to get a satisfactory certificate.

Management Response

Management agrees with this recommendation. EH&W already undertakes this practice on a regular basis.

Under the newly implemented process, the responsibility for follow-up will be with managers/supervisors with support from EH&W. The May 12, 2009 Management Bulletin regarding the new sick leave tracking process explained to managers their responsibility for contacting employees to remind them of the need for medical certificates once they have exhausted their uncertified sick leave entitlements. This has also been reinforced during management briefing sessions held in conjunction with the management bulletin.

Management will ensure that the communication to managers under recommendation 5 also reminds managers/supervisors of their responsibility to follow up on their employees' outstanding satisfactory medical certificates. Employees will also be reminded of what constitutes a satisfactory medical certificate.

Recommendation 8

That Employee Services ensure that those certificates, which are received and satisfactory, are promptly and accurately entered in SAP.

Management Response

Management partially agrees with this recommendation.

Management agrees that the receipt of satisfactory medical certificates should be promptly and accurately recorded in SAP.

However, management disagrees that this is a responsibility of Employee Services (Human Resources): ensuring that time/leave is approved and properly submitted is a management responsibility. Accordingly, managers are responsible for accepting or rejecting medical certificates based on established criteria, and for approving employee time/leave in accordance with the applicable collective agreement or policies through the established processes.

As part of the current time/leave automation project, the capability for management to indicate their approval of medical certificates while entering the corresponding time/leave will be developed by Q4 2009.

OAG COMMENT: The OAG considers that this recommendation should be forwarded to the Audit, Budget and Finance Committee for discussion.

Recommendation 9

That the City determine the length of an appropriate wait-period/final date after which it will no longer accept medical certificates.

Management Response

Management agrees with this recommendation and has established this standard.

The City's new automated sick leave tracking system, introduced in May 2009, established 10 working days (plus seven calendar days to allow for travel time) for the medical certificate to be received by EH&W.

Employee Services (Human Resources) will work with Labour Relations, Payroll and the City's unions to establish and communicate these criteria in Q4 2009.

Recommendation 10

That the City establish a process to advise employees that recovery of compensation will take place in the absence of an appropriated medical certificate; and, that the City recover compensation for uncertified absence in excess of collective agreements bank consistently City-wide.

Management Response

Management agrees with this recommendation. This process is currently in place.

Management explored the automation of sick leave tracking and such a system was found to be achievable. Accordingly, through 2009, the City is implementing an automated sick leave tracking system for the majority of the organization. This will ensure that sick leave in excess of entitlements allowed in the collective agreements are automatically recovered if employees do not supply medical certificates in a timely fashion per the applicable collective agreement. ATU 1760 and IATSE are currently in a statutory freeze (due to bargaining) and will be implemented at a later date.

In May 2009, communications via Ozone and through regular inter-office mail were sent to all managers and employees regarding the recovery of compensation in the absence of valid medical certificates.

It is expected that the practice will be implemented corporate-wide once discussions take place with the unions, which is anticipated to be by the end of Q1 2010.

Recommendation 11

That the City explore possible automation of the top-up and top-down of employees sick leave banks to ensure compensation is at the appropriate rate.

Management Response

Management agrees with the intent of this recommendation, but has determined that automation would not be cost effective.

The City explored automating the top-up and top-down of sick leave during the IBS project in 2003-04. Given every top-up/top-down situation is unique and the numerous variables associated with it, it was determined that the actual top-up and top-down would be very difficult to automate and would not be a cost-effective solution.

However, the City acknowledges that there was a gap in the process. As such, effective May 1, 2009, Employee Health and Wellness and Payroll implemented a new process for top-ups and top-downs with appropriate controls and sign-offs in place: Payroll is now responsible for all top-ups and top-downs in SAP, as directed by EH&W; all top-ups require the approval of the program manager, EH&W; and, Payroll validates all pay adjustments as a result of top-ups and top-downs to ensure accuracy.

Recommendation 12

That the City institute a process to ensure that any over compensation, where an employee should have been paid at 2/3 of salary is promptly recovered.

Management Response

Management agrees with this recommendation.

Further to the new top-up/top-down process described in management's response to Recommendation 11, an SAP report will be developed by Q4 2009 and incorporated in a review process to ensure that employee banks are topped down as required. The majority of overpayments are automatically recovered through SAP. Where the employee does not have sufficient funds to make the recovery, the employee is contacted by Payroll to make arrangements to recover per the Payroll Guidelines for Recovery of Overpayments.

Recommendation 13

That the City treat accommodations as a corporate initiative and that staff that can perform modified work be accommodated.

Management Response

Management agrees with this recommendation.

A significant number of employees are accommodated in modified work at the City every year, as a result of either work-related or non-work-related injuries or illnesses. Management acknowledges that there is always room to improve program performance and that increasing the awareness and understanding of both management and employee responsibilities is an important part of this process.

Occupational Health and Wellness will address the need for broader awareness and understanding as a component of a broader wellness strategy that is scheduled for Senior Management Committee (SMC) approval and implementation in Q2 2010.

Recommendation 14

That the City prepare an inventory of modified duty positions and match employee capabilities to available work in order to provide timely and effective returns to work for all employees who are partially disabled, or are returning to work from sick leave with temporary restrictions.

Management Response

Management agrees in principle with this recommendation.

While management agrees with this recommendation in principle, they also realize that a “modified duty” position may not always be suitable for every employee’s limitations. Quite often, employees are accommodated in their own position with changes made to accommodate their temporary or permanent limitations and precautions. Therefore, attempting to prepare a modified duty position “inventory” for the City would not be practicable or feasible. However, management agrees to create an inventory of the positions that are currently most frequently used to provide modified work for employees returning from sick leave, along with any job demands analyses that may have already been completed for these positions.

As part of Recommendation 13, EH&W, along with management representatives, will be tasked with commencing the development of a Citywide inventory of modified duty positions. The stakeholder team will begin by identifying and documenting an inventory of the positions that are currently most frequently used to provide modified work for employees returning from sick leave, along with any job demands analyses that may have already been completed for these positions by Q2 2010.

Recommendation 15

That the City clarify the roles and responsibilities of employees, managers and/or supervisors and of the Centres of Expertise, e.g., EH&W, LR, Payroll, etc. in relation to the sick leave management process.

Management Response

Management agrees with this recommendation.

Roles and responsibilities for employees, managers, supervisors and Human Resource (Employee Services), Labour Relations and Payroll are clearly set out in the AMP Procedures. Roles and responsibilities are also set out in the Return to Work Program document.

Representatives from Employee Services (Human Resources), Labour Relations, Legal Services and Payroll will review the current sick leave management process roles and responsibilities to identify any areas that require modification or clarification. Once identified, the required changes will be made to the affected documents and communicated to managers and staff by Q1 2010.

Recommendation 16

That EFA Centre Central Division's supervisors perform quarterly analysis of sick leave including, but not limited to:

- **Implement follow-up of uncertified sick leave or alternately not pay any absence greater than the collective agreement allocation unless certified;**
- **Implementing a follow-up of greater than four day uncertified sick leave;**
- **Determine trend in weekday usage and investigate as required; and,**
- **Investigate all occurrences of sick leave taken by two employees residing at a same address.**

Management Response

Management agrees with this recommendation. This practice is currently in place.

The EFA Central division has implemented an enhanced quarterly review process (Q1 2009) of sick leave for staff identified as exceeding the collective agreement allocation or the four day uncertified sick leave allotment. This review is done on the 30th day of the last month of each quarter. Each manager's administrative assistant produces the report for the manager's review and dissemination as required.

Staff that were in either of these categories were identified and follow-up was completed, the results of which included not being paid or the creation of an overpayment; both of which were done in consultation with Labour Relations.

While managers/supervisors are to maintain their individual leave tracking and follow-up processes with staff, the new automated tracking system (that alerts the manager or supervisor of uncertified sick leave days exceeding the allotment) will assist management in the monitoring and follow-up process.

SAP quarterly analysis will also include trends in weekday usage and occurrence of sick leave taken by two employees residing at the same address. The HR consultant will complete the analysis on the 30th day of the last month of each quarter and forward it to the manager for review and follow-up with the management team. Any further investigations of staff will be done in consultation with Labour Relations.

Recommendation 17

That EFA Centre Central Division ensure that SAP access of sick leave report be made available to managers/supervisors with direct reports. These supervisors should also receive SAP training on how to obtain the required information.

Management Response

Management agrees with this recommendation.

Management agrees that managers/supervisors with direct reports should have access to key human resource reports, such as sick leave, for the purpose of monitoring, analysis and follow-up.

The recent and future enhancements of having these reports available to managers/supervisors through the Management Self Serve (MSS) application on Ozone will enable staff and supervisors to monitor and update their records easily and efficiently from their desktop.

Human Resources continue to update the functions of MSS. Some management staff attended the HR Automation update and training on the new enhancements. Additional training and support will be offered to ensure all managers and supervisors are trained on the tools and reports by Q3 2009.

Recommendation 18

That Centre d'accueil Champlain Division clearly define and assign responsibility for day-to-day management of sick leave and routinely monitor short-term sick leave absences in addition to the twice-yearly AMP review.

Management Response

Management agrees with this recommendation.

The program managers at Centre d'accueil Champlain are responsible for day-to-day management of sick leave. The Long-Term Care Branch is presently in the process of implementing the Telestaff automated staff scheduling system at Centre d'accueil Champlain to support managers in their routine monitoring of sick leave. The Telestaff system is implemented in three of the four long-term care homes and staff anticipates it will be fully implemented at Centre d'accueil Champlain by Q3 of 2009.

Recommendation 19

That Centre d'accueil Champlain Division perform trend analysis for individual employees using either SAP or Telestaff and investigate possible trend.

Management Response

Management agrees with this recommendation.

The Telestaff system provides regular sick leave reports to program managers to assist them in their ongoing monitoring of sick time and to improve trend analysis.

With respect to the findings of sick leave days attached to weekends, it is important to note that long-term care staff work every second weekend. Consequently, Mondays and Fridays are not necessarily attached to a “weekend” for these employees.

The Telestaff system is implemented in three of the four long-term care homes and staff anticipates it will be fully implemented at Centre d’accueil Champlain by Q3 2009.

Recommendation 20

That Traffic Operations institute trend analysis of sick leave days taken.

Management Response

Management agrees with this recommendation. This practice is currently in place.

The Sick Leave Usage report available on Ozone under Managers’ Self Serve has been enhanced so that detailed information regarding sick leave usage can be tracked and analyzed.

The report is now being used by management on a monthly basis to track and analyze the types of sick leave being taken (i.e., certified, uncertified) for all employees. The trend analysis resulting from this report will be presented to the Roads and Traffic Operations and Maintenance branch management team to discuss any remedial action that may be required.

In addition, the newly introduced automated tracking of sick leave provides managers with the ability to manage sick leave pro-actively by monitoring consecutive and cumulative sick hours taken. It also assists managers in taking the necessary steps to notify employees when medical certificates are required.

Recommendation 21

That Ottawa Paramedic Service ensure that, as the City’s Enterprise-wide Resources Planning System, SAP’s accuracy is continuously and consistently maintained for all Paramedic personnel.

Management Response

Management agrees with this recommendation.

Although SAP is the City’s Enterprise-wide Resources Planning System, it does not have the functionality to capture Ottawa Paramedic Service dynamic scheduling needs and operational imperatives. Therefore, Telestaff will continue to be a necessary tool for OPS because of its industry-specific capabilities.

OPS will ensure that SAP and Telestaff are recording the same data elements for the purpose of sick leave management by Q3 2009.

Recommendation 22

That Ottawa Paramedic Service investigate trends and take appropriate action as required, including, but not limited to, addressing absences of two individuals living at a same address taking sick leave on a specific day.

Management Response

Management agrees with this recommendation. This practice is currently in place.

The Ottawa Paramedic Service will continue to monitor trends in employee absences and will take action as required in consultation with EH&W and Labour Relations.

Recommendation 23

That Employee Services provide further training to all supervisors with direct reports who contribute and/or are involved in the AMP process.

Management Response

Management agrees with this recommendation.

Work is currently underway to include an overview of the AMP in the new supervisor/manager development sessions (currently under development).

Employee Services (Human Resources) will work with Labour Relations to develop initial and refresher AMP training sessions for managers in Q1 2010. Once developed, Human Resources and Labour Relations will communicate the availability of the training and will begin to schedule and offer sessions by Q2 2010.

Recommendation 24

That Employee Services ensure all employees are captured in the AMP databases, rerun the export of the data from SAP for the previous cycle to ensure data accuracy, and that the databases be reviewed by another resource before spreadsheets are provided to departments.

Management Response

Management partially agrees with this recommendation.

Human Resources (Employee Services) will ensure that all sick days for employees within the scope of the AMP are captured in the AMP database, including those employees who retire/leave the City during the year (with the exception of firefighters on pre-retirement leave in accordance with their collective agreement provisions).

While management agrees with the need to work with accurate data, management disagrees with re-running of the previous cycle's data export for every six-month cycle, as conducting the second data download is not cost effective.

SAP data is accurate and reflects the information inputted by the branches. Historically, there have been approximately 20 discrepancies in each cycle out of 11,000 employees in the AMP. These discrepancies are largely due to timesheets being entered after the semi-annual data download is complete. If timesheets are entered in a timely fashion and if management compares their AMP spreadsheets with their branch records and responds back to the AMP administrator with discrepancies, the necessary corrections will be made.

There is no recognized value in the database being reviewed by another resource because there would be no way for this second resource to know whether data was missing or not. This has primarily been an issue for a small number of employees in those groups where Telestaff is used to schedule employees in 24/7 operations. When Recommendation 21 is implemented by Paramedic Services, the occurrence of this problem will be greatly minimized.

OAG COMMENT: The OAG considers that this recommendation should be forwarded to the Audit, Budget and Finance Committee for discussion.

Recommendation 25

That Employee Services in consultation with Information Technology Services investigate the use of an automated tool for AMP reporting.

Management Response

Management agrees with this recommendation.

Employee Services, in consultation with IT, will investigate the possibility of increasing the automation capability of the AMP system tools by Q4 2009.

Recommendation 26

That the City ensure all step letters are filed in individual employee's human resources file.

Management Response

Management agrees with this recommendation. This practice is currently in place.

Managers are instructed to send copies of signed letters back to the AMP administrator, who then forwards them to Records for inclusion in the employees' personnel file.

The AMP administrator will send a reminder of this requirement to all managers who are receiving employee letters for the next AMP cycle by Q3 2009.

Recommendation 27

That the City develop and document a wellness strategy aimed at decreasing sick leave; that it further establish objectives and set measurable targets for the organization; and, that these be effectively communicated.

Management Response

Management agrees with this recommendation.

Management agrees that development of a corporate wellness strategy would benefit employees and the organization; however, it must be holistic in nature, and its objectives much broader in scope than just the reduction of sick leave.

With input from the Senior Management Committee, Employee Services (Human Resources) will develop a wellness strategy (see Recommendation 13) that is linked with, and supports the corporate service excellence strategy and workplan by Q2 2010.

Recommendation 28

That the City report to all levels of management as well as City Council on:

- **The status of the set targets vs. improvements in absenteeism; and,**
- **Days taken by branch as well as related costs each cycle.**

Management Response

Management agrees with this recommendation.

A corporate-wide performance reporting framework, which will rise through standing committees and Council, is currently being developed. As part of this development effort, Employee Services (Human Resources) will be recommending performance measures to be included in the framework, including measures related to employee attendance, by Q2 2010.

Recommendation 29

That Employee Services ensure that all employees who incurred sick leave for the period, including those no longer employed by the City, are included for reporting purposes.

Management Response

Management agrees with this recommendation.

Employee Services (Human Resources) will ensure that all sick days for employees within the scope of the AMP are captured in the AMP database, including those employees who retire/leave the City during the year (with the exception of firefighters on pre-retirement leave in accordance with their collective agreement provisions), by Q4 2009.

Recommendation 30

That Employee Services explore alternative means to minimize the lapse between the end of the program cycle; supplying letters to all operating departments and the issuance of the letter to an employee.

Management Response

Management agrees with this recommendation.

Means to minimize the time lapse between the end of a cycle and the provision of letters to employees has been investigated, with the following findings:

- The time that Payroll requires (one month) from the end of a cycle to ensure that all leave is entered (some groups are paid three weeks in arrears) cannot be reduced.
- An additional resource could help reduce time required to download data from SAP to AMP database and manipulate data to prepare spreadsheets for managers by as much as two weeks. Human Resources will explore the feasibility of providing additional support to the AMP administrator through the HR Service Centre, which will be established during Q3 2009.

In some instances, there is significant lapse between the time managers receive letters and the actual dissemination to employees. The AMP administrator will remind managers of the need to promptly provide letters to employees at the next program cycle in Q3 2009.

Recommendation 31

That Ottawa Paramedic Service immediately discontinue both the existence of its discretion committee as well as the capturing of personal medical information of employees on a database and that MFIPPA and Elections Services Division review all such practice in the City.

Management Response

Management agrees with this recommendation.

As of June 30, 2009, the Ottawa Paramedic Service discontinued the use of a discretion committee for decisions related to AMP, including the capture of personal medical information.

Recommendation 32

That the City closely monitor and assess if positive results materialize from providing ATU employees with monetary incentives for taking less sick leave and perform a cost-benefit analysis of these.

Management Response

Management agrees with this recommendation.

To the extent that relevant data is available, by Q4 2009, Employee Services (Human Resources) will investigate whether or not the monetary incentive provided to ATU 1760 employees has resulted in a reduction in sick leave days taken, or sick leave costs, since the introduction of the incentive.

Conclusion

Studies have shown that corporations with a strong wellness strategy benefit from: reduced absenteeism; employees having better workplace morale; employee having better attitude toward their employer; employees having increased productivity; reduced overall costs; and, that healthier employees may be less likely to be in an accident, may be sick less often or recover from sickness more rapidly.

However, the City lacks a proactive strategic initiative aimed at improving wellness and thereby decreasing sick leave. Until such a strategy is devised, that objectives are established, that measurable targets are set, and results analysed, in our opinion, decreasing sick leave has less chance of success.

AMP is not a sick leave management system but simply reports sick leave absences. Efforts in sick leave management are mainly directed at the tracking and reporting of absences. Although important, it is only one facet of managing sick leave. AMP's reporting tool (presently two Excel spreadsheets) also needs to capture all information accurately and should be improved through the use of SAP.

For the most part, employees with perfect or good attendance are provided a letter as a form of positive reinforcement; and at the other end of the continuum, staff with problematic sick leave are provided a letter as a form of negative reinforcement. Sick leave of employees not included within either of these categories is not directly addressed. From both an operational and financial aspect, the City would benefit by not only decreasing sick leave of those employees which are at an Attendance Management Program step but in decreasing all short-term sick leave. Issues with inaccuracies in the reporting of AMP (Excel spreadsheet – reporting tool) and the timeliness of providing staff with attendance letters require attention.

In order to put the initiative to the forefront, continuous reporting of sick leave and related costs to all levels of management as well as to City Council also needs to be introduced.

A change of culture where employees cease to look at short-term sick leave as a benefit owed to them and preferably as a form of insurance to be made use of for bona fide short-term disability is needed.

The management of the medical certificates needs to be improved. Specifically, inappropriate medical certificates need to be challenged more aggressively; and, certification of the leave needs to be coded more timely in SAP.

Management of trends, such as employees living at a same address and taking leave concurrently also needs to be improved.

When comparing Ottawa's short-term sick leave to other cities that responded to the HRBN survey, it was observed that many cities had paid sick leave hours per eligible employees lower than Ottawa.

Furthermore, while comparing Ottawa's AMP results to those of the City of Toronto, we determined that Toronto more successfully reduced over time its average sick leave day per employee. In 2007, Toronto stood at 7.9 days per employee compared to Ottawa at 10.6 days.

Acknowledgement

We wish to express our appreciation for the cooperation and assistance afforded the audit team by management.

RÉSUMÉ

Introduction

La vérification de la gestion des congés de maladie était incluse dans le plan de vérification présenté par le vérificateur général au Conseil municipal en mai 2007.

Contexte

La Ville assure la gestion des congés de maladie à l'aide de son programme de gestion des présences (PGP). Le programme actuel souligne l'assiduité exemplaire ou une amélioration de l'assiduité chez les employés, favorise une plus grande sensibilisation du personnel à l'importance d'une bonne assiduité et offre de l'aide aux employés, dans le cadre de divers programmes, pour les aider à réduire leur absentéisme. La Ville devrait s'efforcer d'améliorer la santé de ses employés, tant au niveau individuel que collectif. Réduire les congés de maladie permet non seulement des économies, mais aide aussi à faire en sorte que le public bénéficie de meilleurs services.

Un certain nombre de congés de maladie est inévitable. Lorsqu'un employé est malade, il ne devrait pas se présenter pas au travail. Toutefois, des études ont démontré que les entreprises dotées d'une bonne stratégie de mieux-être des employés affichent un absentéisme moindre, ont des employés ayant un meilleur moral en milieu de travail et une meilleure attitude face à leur employeur, bénéficient d'une plus grande productivité et profitent aussi de coûts de fonctionnement moindres. De même, des employés en meilleure santé courent moins de risques d'être impliqués dans des accidents, sont moins souvent malades et guérissent plus vite lorsqu'ils le sont.

Au cours de l'année 2007, la Ville d'Ottawa employait environ 17 000 personnes, pour une rémunération totale, incluant les salaires, traitements et avantages sociaux, se chiffrant à 1,1 milliard de dollars¹.

Tous les employés n'ont pas droit à des congés de maladie payés; les employés occasionnels, par exemple, n'y ont pas droit. En 2007, 11 470 employés ont pris 881 547 heures de congés de maladie payées, lesquelles ont coûté aux contribuables environ 27,8 millions de dollars, soit 4,5 % des 618,5 millions de la portion totale du budget de rémunération des employés admissibles aux invalidités de courte durée.

Les données sur les congés de maladie pour 2007, utilisées dans le présent rapport, proviennent du mécanisme de planification globale (ERP) utilisé à l'échelle de toute la Ville (SAP). Elles ne comprennent pas les données du Service de police de la Ville d'Ottawa, ni de la Bibliothèque publique d'Ottawa, qui se situent hors de sa portée. Sont également exclues les données provenant de secteurs ne relevant pas du

¹ Rapport annuel de la Ville d'Ottawa, 2007.

directeur municipal – à savoir le Bureau du vérificateur général (21,3 jours de congé de maladie, soit en moyenne 2,7 jours par employé) et du Comité de dérogation (125,0 jours de congés de maladie – soit en moyenne de 8,9 jours par employé).

Le Programme de gestion des présences (PGP) fournit aux gestionnaires des données en nombre de jours relativement aux invalidités de courte durée. Réciproquement, les Services aux employés ont pris part, en heures, au sondage comparatif annuel du Human Resources Benchmarking Network (HRBN), le réseau externe d'analyse comparative en ressources humaines. Les données de ce sondage sont toujours transposées en heures, afin que les données des organismes participants puissent être harmonisées, car la durée des journées de travail varie selon les organisations et selon les individus.

L'ancien programme d'amélioration de l'assiduité a été modifié et émis de nouveau en janvier 2007 pour devenir le Programme de gestion des présences. L'un des objectifs de la vérification consistait à évaluer si les procédures propres à ce programme sont observées rigoureusement. Le PGP est régi par les procédures générales du 25 octobre 2006, telles que modifiées à la suite d'une décision du Conseil d'arbitrage datant du 1^{er} octobre 2006. Comme il est rapporté dans le cadre du PGP, les employés municipaux couverts par le programme ont pris en moyenne 10,64 jours de congé en 2007.

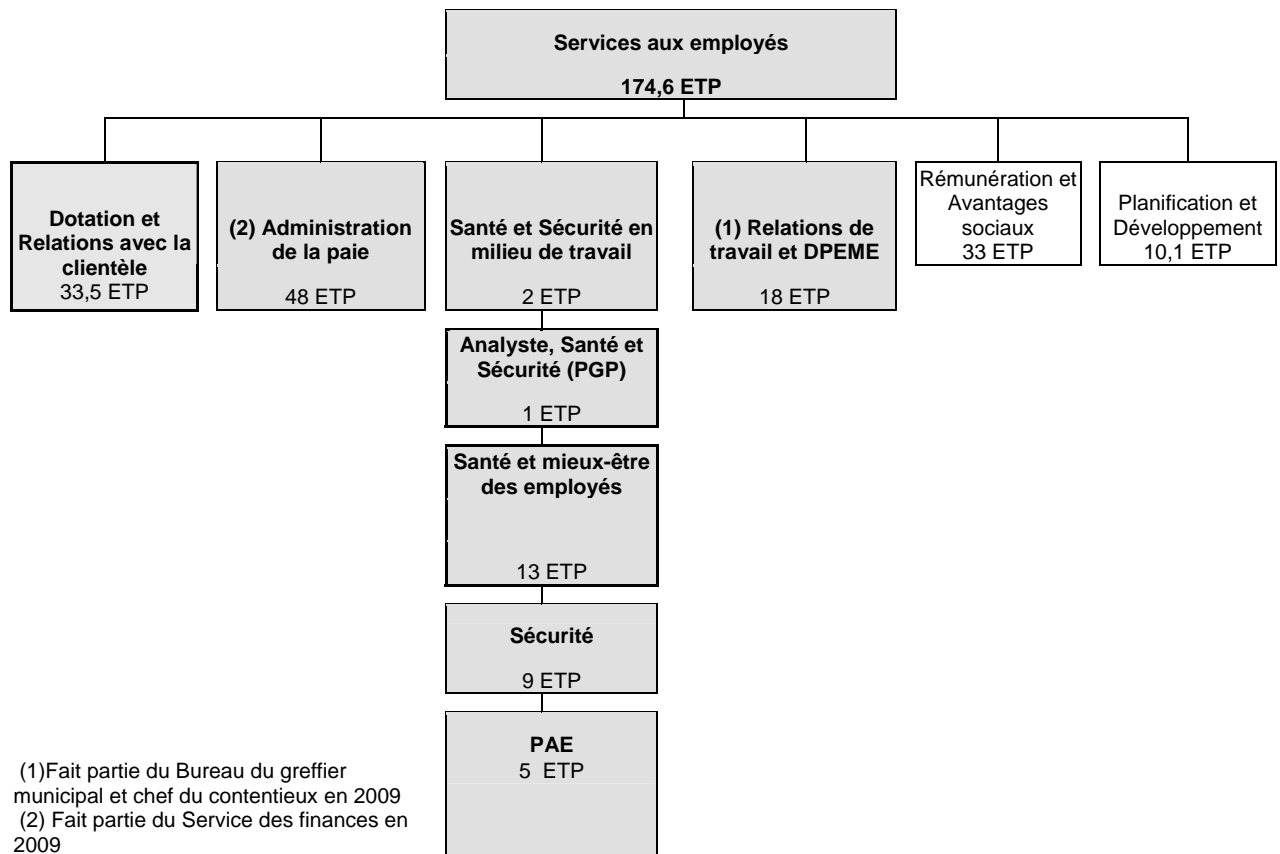
STATISTIQUES SUR LA MOYENNE DE JOURS DE CONGÉS DE MALADIE, 2005-2007

Par Services aux employés

Année	Moyenne de jours de congés de maladie par employé	Nombre d'employés
2005	10,3	9 588
2006	10,1	10 034
2007	10,6	10 539

Les centres d'expertise relatifs aux congés de maladie sont regroupés dans la Direction des services aux employés, principalement dans la Division de la santé et de la sécurité même si l'Administration de la paie, la Direction des relations de travail et la Division des droits de la personne et de l'équité en matière d'emploi (DPEME) y ont un rôle à jouer. La Direction de la dotation et des relations avec la clientèle joue également un rôle important dans le système de placement prioritaire, lequel est utilisé lorsqu'il faut procéder à des accommodements convenables pour les employés aux prises avec des restrictions fonctionnelles ou médicales permanentes.

En 2007, l'organigramme des Services aux employés était le suivant.



Portée

La portée de cette vérification s'étendait à :

- l'ensemble de l'absentéisme pour 2007 relatif à toutes les invalidités de courte durée (c.-à-d. congés justifiés, non justifiés, payés, non payés, etc.); et,
- au Programme de gestion des présences.

Cette vérification excluait toutefois :

- les absences à la suite d'accidents de travail ou de maladies liées au travail régies par la Commission de la sécurité professionnelle et de l'assurance contre les accidents du travail (CSPAAT) ou de réclamations pour invalidité à long terme (ILT);
- les absences relatives à une invalidité déclarée;
- la Bibliothèque publique d'Ottawa; et,
- le Service de police d'Ottawa.

Objectifs et principales constatations

Objectif 1 : Évaluer si l'absentéisme lié aux congés de maladie fait l'objet d'une gestion adéquate.

La Ville d'Ottawa a assuré la gestion des congés de maladies de ses employés par l'intermédiaire de deux programmes : le Programme d'amélioration de l'assiduité et, depuis janvier 2007, avec le Programme de gestion des présences, ou PGP. Les objectifs du PGP sont les suivants :

- souligner l'assiduité exemplaire et/ou une amélioration dans l'assiduité;
- favoriser une plus grande sensibilisation du personnel à l'importance d'une bonne assiduité;
- grâce à divers programmes, aider les employés à améliorer leur assiduité;
- encourager une diminution du recours excessif au régime de protection du revenu (RPR) ou aux congés de maladie;
- rechercher des accommodements convenables pour les employés aux prises avec une invalidité, conformément aux lois sur les droits de la personne de l'Ontario et du Canada;
- encourager une utilisation adéquate des congés de maladie.

Si la réduction du nombre de congés de maladie ne constitue pas un objectif dans le cadre du programme actuel de la Ville, aucun effort particulier n'est toutefois réalisé en ce sens. Nous croyons que l'un des objectifs fondamentaux de tout programme de gestion des présences devrait être de réduire le nombre de ces congés. À moins que la Ville n'établisse clairement un tel objectif, et que les cadres supérieurs ne le communiquent aux employés des échelons inférieurs, réduire le nombre de congés de maladies continuera de représenter un défi pour la Ville.

Le nombre moyen d'heures de congés de maladie payées par employé admissible a connu une légère hausse en 2007 par rapport à 2006. Dans le sondage comparatif du HRBN, pour 2007, les Services aux employés indiquent que 11 470 employés de la Ville ont utilisé 881 547 heures de congés de maladie payées, soit une moyenne de 76,9 heures par employé admissible. La direction estime que, si l'on inclut la Bibliothèque publique d'Ottawa, les congés de maladie coûtent aux contribuables environ 27,8 millions de dollars, soit l'équivalent de 4,5 % des 618,5 millions de dollars du budget annuel alloués à la rémunération des employés pour les invalidités de courte durée. Le tout représente une augmentation moyenne de 3 heures payées par employé participant par rapport à 2006. Au cours de 2006, 844 089 heures de congés de maladie payées ont été utilisées, soit une moyenne de 73,9 heures de congé de maladies payées par employé admissible (11 417 employés de la Ville).

Si on compare Ottawa avec les autres villes ayant participé au sondage du HRBN, on se rend compte que dans plusieurs villes, comme à Mississauga, par exemple, le nombre d'heures de congés de maladie payées est moins élevé qu'à Ottawa.

Les consultants en santé au travail (CST) estiment que les politiques municipales ne définissent pas clairement le rôle des consultants, des gestionnaires et des relations de travail dans le processus de gestion des congés de maladie. L'unité de la santé et du mieux-être des employés (SME) croit que certains employés perçoivent les congés de maladie payés comme des avantages sociaux qui leur sont dus, et non comme une forme d'assurance à utiliser en toute bonne foi advenant une invalidité de courte durée. Les gestionnaires de la Ville partagent d'ailleurs cette perception. On croit que si un employé est en mesure de produire un certificat médical et qu'il a été accepté par son supérieur, bien peu de choses peuvent être faites pour assurer la gestion des congés de maladie. Les CST considèrent qu'ils ne sont pas appuyés lorsqu'ils jugent que les renseignements médicaux fournis ne justifient pas le congé de maladie d'un employé, et que les attentes des Relations de travail et des Services juridiques à leur égard ne sont pas claires lorsqu'il leur faut préparer un dossier en vue d'un grief ou des procédures d'arbitrage relatifs à un congé de maladie. Ils disent également qu'on leur demande souvent de fournir ou de chercher de l'information susceptible de contrevenir à leur code de bonne pratique en soins infirmiers. Les CST affirment également se sentir mal à l'aise d'assister aux audiences en arbitrage ou lors de griefs aux côtés de représentants des Relations de travail ou des Services juridiques, car cela met en péril la relative neutralité dont ils doivent faire preuve dans le cadre du processus d'évaluation de l'incapacité d'un employé et de leur capacité à bien remplir leur rôle en mieux-être des employés.

L'unité de SME a indiqué que certains certificats médicaux jugés insatisfaisants ou douteux sont quand même acceptés. SME nous a d'ailleurs fourni 25 exemples où des employés devaient produire un certificat médical en bonne et due forme et ne l'avaient jamais fait; six employés n'avaient même jamais produit quelque certificat que ce soit. SME a mis en place un processus visant à identifier les employés n'ayant pas produit les certificats appropriés; toutefois, l'information peut ne pas avoir été donnée en temps opportun. Les problèmes relatifs aux certificats médicaux produits par les employés sont les suivants (les exemples ci-dessous peuvent être associés à plus d'une catégorie) :

- dans 18 cas sur 25, le certificat médical a été produit plus de 10 jours après le début du congé;
- dans 6 cas sur 25, un seul certificat médical regroupait des justifications pour une série d'absences n'ayant aucun lien entre elles et s'étendant sur une longue période (plusieurs mois). Cette pratique est plus courante du côté du Service des incendies (une note de service a d'ailleurs été envoyée en septembre aux employés du Service des incendies demandant un certificat médical pour les congés de maladie antérieurs, c.-à-d. ceux de janvier, février, etc.);

- dans 11 cas sur 25, l'employé n'avait pas vu le médecin alors qu'il était malade, et n'était pas non plus sous les soins du médecin lorsque le certificat médical a été produit. Dans certains cas, l'employé a vu un médecin peu de temps après son absence ou sa maladie. Toutefois, dans d'autres cas, le certificat médical n'a été obtenu que plusieurs mois après l'absence;
- dans 2 cas sur 25, les dates d'absence de l'employé et celles du certificat médical ne concordaient pas; et,
- dans 1 cas sur 25, le certificat médical ne portait pas de date.

Les certificats médicaux satisfaisants ne sont pas toujours codifiés comme « justifiés » dans SAP avant d'être placés dans le dossier de ressources humaines d'un employé. Nous avons fait le test avec un échantillon concernant 24 absences, où un certificat médical aurait dû être produit par l'employé et nous avons découvert :

- que 12 billets du médecin étaient en dossier, mais qu'aucun n'avait été codé comme justifié dans SAP;
- que 3 billets du médecin étaient en dossier, mais que le congé n'avait pas été codifié comme justifié dans SAP parce que des dates manquaient et que dans un cas, le billet en question avait été envoyé par télécopieur; et,
- que 9 employés n'avaient aucun billet du médecin dans leur dossier.

Au cours de la vérification, les quatre secteurs suivants ont été étudiés; il s'agit de secteurs où, en 2007, la moyenne du nombre d'heures de congé de maladie de courte durée par employé était élevée.

Échantillon, Secteurs vérifiés	Jours d'absence	Nombre de personnes	Nombre moyen de jours par personne
Centre EAF, Division Centre	2,547	142	18
Centre d'accueil Champlain	1,801	169	11
Conception de la signalisation et Spécifications, Circulation routière	767	39	20
Service paramédic d'Ottawa, peloton B&D	2,010	115	17

Nous nous sommes également penchés sur un échantillon supplémentaire de feuilles de temps de 25 employés, soit 5 de chaque secteur vérifié (soit le Centre EAF, Division Centre, le Centre d'accueil Champlain, l'Unité de la signalisation et des spécifications, Circulation routière; et les pelotons B&D du Service paramédic d'Ottawa). La gestion indique que toutes les références au peloton B&D ne sont valides que dans SAP. Ils précisent de plus que les paramédics dont la liste apparaît dans SAP sont peut-être (et ne sont souvent pas) harmonisés au peloton B&D tel

qu'il est en réalité et tel qu'il est administré dans Telestaff. Telestaff assure la gestion des affectations du peloton séparément, et pas nécessairement en conformité avec SAP. Si un pourcentage élevé des membres du personnel ayant pris un congé de maladie sont apparus dans l'échantillon comme relevant du peloton B&D et sont maintenant attribués dans l'horaire à un autre coordonnateur, le rapport ferait état d'un absentéisme plus élevé dans ce peloton, même si le tout est inexact. La structure des rapports du Service paramédic est différente de celle des autres services de la Ville, où un superviseur des employés est responsable d'une équipe ou d'un peloton. Le peloton se base sur un horaire de travail. Lorsqu'un employé change d'horaire de travail, il change aussi de peloton et de coordonnateur. Le tout n'a pas été consigné dans SAP lorsque les employés changent d'horaire. Et les employés changent souvent d'horaire afin qu'un niveau de personnel acceptable soit maintenu tout au cours de l'année.

Toutefois, comme il s'agit du système de planification des ressources à l'échelle de toute la Ville, SAP devrait offrir une précision et une cohérence sans faille, et ce, pour tous les membres du personnel, y compris les paramédics.

Nous avons aussi choisi un échantillon de cinq employés à l'échelle de toute la Ville (dans le Service de transport adapté (Para Transpo), au Centre du service à la clientèle, à l'Infrastructure technologique, aux Routes et à l'Eau portable). Nous avons constaté une inefficacité des contrôles relatifs à la soumission, à l'approbation et à la perception des formulaires de congés de maladie des employés d'exception payés à jour. Même si la Ville est dotée de procédures établies, nous avons noté que les délais prescrits pour les employés d'exception payés à jour ne sont pas toujours respectés, ce qui entraîne un contrôle inadéquat des demandes de congé. Des délais ont été constatés aussi bien du côté des employés, qui tardent à déposer leurs demandes, que des superviseurs qui tardent à les signer. Dans un cas, par exemple, un employé a soumis quatre feuilles de temps au cours de 2007 et a signalé ses absences au service de la paie plusieurs mois après que celles-ci ont eu lieu. En ne soumettant pas ses feuilles de temps au moment opportun, il est possible qu'un employé :

- soit rémunéré à plein salaire alors qu'en fait, il ne devrait recevoir que 67 % de son salaire (p. ex. en utilisant la deuxième banque de congés de maladie);
- ne soit pas placé dans le PGP ou ne passe pas à la prochaine étape;
- utilise plus de congés de maladie non justifiés que ceux auxquels il a droit, etc.

Pour les échantillons de feuilles de temps des 5 employés dans chaque secteur couvert et des 5 employés choisis à l'échelle de toute la Ville – pour un total de 25 – nous avons aussi analysé le nombre de fois où des jours de congés de maladie non justifiés étaient pris immédiatement après ou avant un congé férié ou une fin de semaine. Lorsqu'un employé était absent pendant des journées consécutives non

justifiées, par exemple un jeudi et un vendredi, le tout est considéré comme une fois; un vendredi et le lundi suivant comptent aussi pour une fois. De plus, il est important de noter que seules les journées de congés non justifiées sont incluses dans le tableau suivant. Nous avons constaté :

CONGÉS DE MALADIE NON JUSTIFIÉS

Cinq employés :	Nombre total d'occurrences de congés de maladie	Nombre d'occurrences les fins de semaine, ou rattachées à une fin de semaine ou à un jour férié	%
À l'échelle de toute la ville	36	23	64 %
Du Centre EAF, Division Centre	27	15	56 %
Du Centre d'accueil Champlain	30	19	63 %
De la conception de la signalisation et des spécifications	28	16	57 %
Du peloton B&D des paramédics	19	13	68 %

De plus, 6 de ces 25 employés ont profité de plus de congés non justifiés que ceux qui leur sont accordés dans leur convention collective.

La pratique consistant à recouvrer la rémunération pour les jours de congé de maladie non justifiés excédant ceux accordés dans les conventions collectives n'est pas appliquée de façon uniforme dans les divers services de la Ville. Même si trois des quatre secteurs examinés ont envisagé le recouvrement de la rémunération, seuls le Service paramédic d'Ottawa et la Direction de la circulation routière sont parvenus à récupérer les sommes payées en trop pour les congés de maladie non justifiés excédant le nombre de jours auxquels un employé a normalement droit. Nous avons constaté que la Ville n'a pas établi d'initiative uniforme à l'échelle de la Ville pour le recouvrement de journées non justifiées excédant le nombre de jours prévus dans la convention collective des employés. Cet état de fait avait d'ailleurs été souligné lors de la vérification de 2006 de l'environnement du contrôle financier.

Au cours de cette vérification et de vérifications antérieures, nous avons constaté que SAP n'a pas été entièrement programmé pour éliminer ou réduire le nombre de procédures que le personnel doit encore faire à la main. L'une de ces procédures a trait à l'ajout ou à la réduction du nombre de jours dans les banques de congés de maladie de courte durée, tâche qui incombe aux CST. Si cette procédure manuelle n'est pas effectuée à temps, il existe un risque qu'un employé puisse prendre plus de congés que les 85 jours prévus dans la banque de congés de maladie et recevoir tout de même la totalité de son salaire, alors qu'en fait il devrait recevoir 67 % de son salaire (p. ex. en utilisant une deuxième banque de congés de maladie).

Les accommodements (modifications aux conditions de travail) ne sont pas uniformément offerts dans les divers services de la Ville. Certains employés en congés de maladie pourraient revenir au travail plus tôt s'ils étaient jumelés à un travail adapté à leur situation. Il manque à la Ville un inventaire de tous les postes

dont les tâches sont modifiées ou pourraient l'être, et qui pourraient être confiés aux employés nécessitant des accommodements.

Nous avons aussi constaté que l'utilisation de SAP continue d'être problématique pour certains gestionnaires.

Trois des quatre secteurs ayant fait l'objet d'un examen ne procédaient pas à une analyse des tendances. Même si le Service paramédic d'Ottawa effectuait de telles analyses, nous avons pris connaissance d'un certain nombre de cas où deux employés vivant sous le même toit et travaillant au sein de la même unité ou de la même direction avaient tous deux pris un congé de maladie la même journée. Cette tendance a aussi été observée à la Direction des services d'emploi et d'aide financière. Le tableau qui suit fait état des employés vivant sous le même toit, ayant pris simultanément trois jours de congés de maladie ou plus, ou ayant pris neuf jours de congé de maladie concurremment.

DIRECTION	Ont pris 3 > jours de congés de maladie simultanément		Ont pris 9 > jours de congés de maladie simultanément	
	Paires d'employés vivant à la même adresse	% d'employés vivant sous le même toit	Paires d'employés vivant à la même adresse	% d'employés vivant sous le même toit
Services d'Emploi et d'aide financière (voir tableau 8)	7 sur 24	29 %	4 sur 24	17 %
Service paramédic d'Ottawa (voir tableau 15)	8 sur 26	31 %	3 sur 26	12 %

Objectif 2 : Évaluer l'utilité et l'efficacité du Programme de gestion des présences.

Chaque cycle du Programme de gestion des présences s'étend sur six mois. On constate des délais plutôt longs entre la fin du cycle et la production d'une lettre de présence pour les employés. Dans tous les cas, au moins la moitié du cycle suivant s'était déjà écoulé avant que l'employé reçoive une telle lettre.

La Ville ne possède aucune stratégie sur le bien-être ni d'initiative d'importance pour réduire le nombre des congés de maladie. À partir des données du PGP, nous avons constaté qu'environ :

- 29 % des employés ont reçu des lettres soulignant une bonne ou une excellente assiduité au cours de 2007;
- 8 % des employés participaient à divers stades du PGP; et,
- 63 % des employés inclus dans la base de données n'avaient pas une bonne ni une excellente assiduité, et que leurs congés de maladie ne satisfaisaient pas aux critères du PGP et que, par conséquent, leur cas n'était pris en charge par aucune stratégie. Les cas d'absentéisme élevé inclus dans ces 63 % pourraient encore aujourd'hui nécessiter une prise en charge. D'un point de

vue opérationnel autant que financier, la Ville aurait aussi avantage à réduire le nombre de congés de maladie de ces employés qui ne satisfont pas aux critères du PGP.

Le PGP est un outil de suivi et de compte-rendu. Les jours pour lesquels un gestionnaire estime que son employé peut être véritablement malade peuvent en être exclus à sa discrétion. Les autres jours sont admissibles au programme. Même si le PGP oblige le gestionnaire à prendre connaissance des journées de congés de maladie de ses employés tous les six mois, à notre avis, il aura peu de chances de pouvoir en réduire le nombre puisque ce programme est non disciplinaire et que les gestionnaires n'ont pas le droit de connaître la raison des absences.

Le Service paramédic d'Ottawa a mis sur pied un « comité à pouvoir discrétionnaire » regroupant 10 coordonnateurs, un officier du SPO et l'administrateur du PGP des Services aux employés. Ce comité se réunit et évalue toutes les demandes faisant appel à un pouvoir discrétionnaire. Dans d'autres secteurs de la Ville, un gestionnaire a le pouvoir discrétionnaire pour les subordonnés leur étant lié hiérarchiquement. Nous nous sommes penchés à la fois sur l'existence de ce comité et sur la consignation de renseignements personnels auprès de la Direction de la *Loi sur l'accès à l'information municipale et la protection de la vie privée* (LAIMPVP) et des élections municipales. On nous a informés que même si les noms des personnes concernées ne sont pas transmis au comité, les discussions sur les problèmes médicaux d'un employé au sein d'un tel comité portent atteinte à la vie privée de cet employé. De plus, comme il n'y a aucune raison légale de conserver des renseignements médicaux personnels d'un employé dans une base de données, on nous a dit également que le SPO n'a pas le droit de conserver de tels renseignements. En fait, seule la Division de la santé et de la sécurité en a le droit selon la loi.

La Ville n'a pas établi et n'a pas non plus communiqué d'objectifs ni fixé de cibles mesurables pour réduire le nombre de congés de maladie. Des objectifs clairs auraient l'avantage de préciser aux gestionnaires où la Ville entend se situer dans un échéancier défini.

L'outil de compte-rendu du PGP n'est pas automatisé, ce qui amène un risque accru d'inexactitudes non intentionnelles. Plus précisément, nous avons constaté que le cycle de données précédent n'avait pas été extrait de nouveau. Puisque SAP est un système dynamique, tout congé de maladie enregistré dans SAP pour un cycle précédent mais après la date d'extraction des données ne se retrouve jamais dans les bases de données du PGP. La direction a indiqué que l'exactitude des données du PGP est la responsabilité des gestionnaires. Nous sommes en désaccord avec cette approche. L'administrateur du PGP devrait veiller à fournir des données exactes aux services. Un gestionnaire ne devrait pas être requis pour vérifier la validité de ces données. Aucune vérification n'est réalisée pour s'assurer que chaque gestionnaire a repassé les données de SAP pour en vérifier l'exactitude.

Nous en concluons que l'efficacité du programme est mise en péril et que le rôle de son administrateur est contestable lorsque le fardeau de la précision de l'information incombe aux gestionnaires.

Certains employés n'ont pas été inclus dans les bases de données du PGP qui nous ont été fournies. Nous avons examiné quatre divisions et identifié 33 employés qui ne faisaient partie des bases de données du PGP, mais qui ont cumulé 452 jours de congés de maladie au cours de 2007.

DIVISIONS	Nombre de personnes selon SAP	Manquants dans le PGP	Nombre TOTAL de congés de maladie par division (selon SAP)	Manquants dans le PGP	% de congés de maladie manquants
Centre EAF, Division Centre	142	3	2 547	91	4 %
Centre d'accueil Champlain	169	9	1 801	70	4 %
SPO, direction des opérations	352	9	5 028	114	2 %
Circulation routière	197	12	2 201	177	8 %
TOTAL	860	33	11 577	452	4 %

Pour les quatre divisions que nous avons examinées, une moyenne de 4 % des congés de maladie apparaissant dans les bases de données PGP ont été sous-évalués parce que des employés n'y étaient pas consignés. Cela ne tient pas compte des inexactitudes, telles que la sous-évaluation des congés de maladie qui ont été pris dans les faits, ce qui fait en sorte que des données du PGP des cycles précédents ne sont pas générées.

Dans le cadre du PGP, la Division de la santé et de la sécurité des Services aux employés calcule la moyenne du nombre de jours de congés de maladie par employé. Toutefois, ces statistiques n'ont pas été communiquées aux gestionnaires des opérations afin qu'ils évaluent comment ils se comparent aux autres secteurs; elles n'ont pas été non plus transmises au Conseil municipal à titre d'information. Comme l'absentéisme occasionne des coûts considérables pour la Ville, à notre avis, les Services aux employés devraient transmettre les résultats de chaque cycle du Comité de la haute direction jusqu'aux gestionnaires de programmes et au Conseil municipal. Les rapports devraient inclure le nombre de jours de même que les coûts encourus.

Nous avons noté que la Ville de Toronto a été en mesure, au fil du temps, de réduire la moyenne de jours de congés de maladie par employé de 9,2 jours en 2001 à 7,9 jours en 2007.

La direction nous a fait part du fait que le *Short Term Sick Leave Plan*, le plan de congés de maladie de courte durée de la Ville de Toronto, diffère considérablement de celui de la Ville d'Ottawa. Les employés de la Ville de Toronto peuvent accumuler des congés de maladie en fonction des heures travaillées. Une fois que le

nombre de jours ou d'heures accumulés a été utilisé, aucune mesure n'est prévue pour que d'autres congés s'ajoutent jusqu'à ce que l'employé soit en mesure d'en accumuler davantage, tandis qu'à la Ville d'Ottawa, les employés permanents à temps plein comptant au moins six mois de service sont admissibles aux prestations du Régime de protection du revenu (RPR) à raison de 17 semaines (85 jours) par année. Certaines de ces journées sont payées à plein salaire, d'autres le sont à 66 2/3 %, en fonction de l'ancienneté (p. ex. pour 1 an de service, 2 semaines à plein salaire et 15 semaines à 66 2/3 %; pour 10 ans de service – 17 semaines à plein salaire). Ce droit peut aussi être réinstauré au cours de la même année sous certaines conditions (c.-à-d. si l'employé retourne au travail pour au moins un quart de travail et doit de nouveau s'absenter en raison d'un autre problème médical; ou si l'employé revient au travail puis doit ensuite s'absenter en raison d'un problème de santé connexe, pourvu qu'au moins 30 journées civiles se soient écoulées entre la fin de la précédente réclamation et le début de la réclamation pour le problème connexe, SCFP 503). Néanmoins, il est important de noter que la Ville de Toronto est parvenue à réduire le nombre de ses congés de maladie.

Le tableau suivant permet de comparer les moyennes du PGP de la Ville de Toronto pour les trois dernières années à celles de la Ville d'Ottawa.

Année	Ville d'Ottawa	Ville de Toronto
2005	10,3	8,7
2006	10,1	7,6
2007	10,6	7,9

Recommandations et réponses de la direction

Recommandation 1

Que la Ville fixe et communique un objectif fondamental pour le PGP consistant à réduire le nombre de congés de maladie.

Réponse de la direction

La direction est d'accord avec cette recommandation. L'objectif a été fixé et communiqué.

La section « application » du document de procédures du Programme de gestion des présences (PGP) établit clairement que les objectifs premiers du programme sont :

- d'encourager et de souligner l'assiduité exemplaire ou une amélioration de l'assiduité; et,
- de s'attaquer à l'absentéisme lié au recours aux congés de maladie.

La section précise également que les absences non justifiées et toute mesure disciplinaire qui y est liée seront traitées hors des cadres du programme.

L'information sur le programme est publiée dans Ozone à l'intention des gestionnaires et des employés.

Recommandation 2

Que la Ville crée des rapports standard dans SAP afin d'aider les gestionnaires dans le contrôle, les enquêtes et la gestion des tendances en matière de congés de maladie des employés.

Réponse de la direction

La direction est d'accord avec cette recommandation et l'a déjà mise en œuvre.

Des rapports standard de congés de maladie sont maintenant offerts dans SAP, sur Ozone, sous Infogestionnaires > Rapports des RH > Rapports d'utilisation des congés de maladie. La disponibilité de ces rapports a été annoncée dans un bulletin des gestionnaires le 12 mai 2009.

Recommandation 3

Que la Ville s'assure que les employés qui rendent compte au moyen de rapports d'exception (c.-à-d. le processus par lequel un employé ne fait rapport que des heures supplémentaires aux heures de travail prévues ou d'absences) soumettent rapidement des feuilles de temps et rappelle aux gestionnaires et/ou superviseurs qu'il leur incombe de veiller à ce que leurs subordonnés directs transmettent, tel qu'exigé, des feuilles de temps dans les 5 à 10 jours après le congé ou les heures supplémentaires travaillées.

Réponse de la direction

La direction est d'accord avec cette recommandation.

La direction convient que tous les employés de la Ville sont responsables de soumettre leurs feuilles de temps et leurs demandes de congés au moment opportun à leur superviseur ou à leur gestionnaire, lesquels, en retour, sont responsables de s'assurer que les heures et les congés sont approuvés et entrés dans SAP. Ils doivent également remplir les feuilles de temps au nom des employés absents pendant plus de quatre jours de suite.

Dans une récente communication relative au processus automatique de contrôle des congés de maladie, au printemps 2009, les gestionnaires ont été avisés de l'importance de soumettre des feuilles de temps et des formulaires de congés en temps opportun. Une communication à une plus vaste échelle, adressée aux gestionnaires et au personnel, est prévue pour l'été 2009 et aura recours aux véhicules de communication avec les employés et à *La Ville en bref* pour souligner la même exigence et les avantages de disposer de renseignements à jour.

L'importance de soumettre les formulaires en temps opportun sera également soulignée au cours des séances d'orientation des nouveaux employés, et ce, dès le troisième trimestre de 2009.

Recommandation 4

Que la Ville s'assure que tous les employés soumettent des certificats médicaux satisfaisants à SME dans les délais prescrits, tel que précisé dans les conventions collectives, et que la Ville ne paie pas les congés aussi longtemps qu'un certificat médical satisfaisant n'aura pas été soumis.

Réponse de la direction

La direction est d'accord avec cette recommandation.

La direction convient que l'employé est responsable de soumettre à son gestionnaire un certificat médical satisfaisant en temps opportun et qu'il revient à ce gestionnaire de l'accepter ou de le refuser en fonction de critères établis et de s'assurer que les certificats satisfaisants sont envoyés à SME afin d'être classés dans le dossier de l'employé.

La direction convient également que le gestionnaire est responsable de veiller à ce que les congés de maladie approuvés et justifiés soient entrés dans SAP pour être payés, à condition qu'un certificat médical satisfaisant ait été reçu et approuvé, comme l'exige la convention collective.

De récentes améliorations ont été apportées au processus de contrôle des congés de maladie. Depuis mai 2009, les gestionnaires reçoivent des courriels les avisant lorsque les congés de leurs employés sont entrés dans SAP et qu'un certificat médical est nécessaire. Le tout permet au gestionnaire de mieux administrer le processus de justification des congés et de s'assurer que les congés de maladie sont approuvés et payés comme il se doit.

À compter de septembre 2009, si un employé soumet des feuilles de temps pour un congé de maladie non justifié et que sa banque de congés non justifiés est épuisée, le temps soumis sera automatiquement transféré vers les congés de maladie non payés si un certificat médical satisfaisant ne peut être soumis et approuvé pour justifier le congé en question.

COMMENTAIRE DU VÉRIFICATEUR GÉNÉRAL : Le vérificateur général considère que cette recommandation devrait être transmise au Comité de la vérification, du budget et des finances aux fins de discussion.

Recommandation 5

Que la Ville documente et communique clairement une politique/procédure/directive faisant état des critères permettant à un certificat médical d'être jugé insatisfaisant et d'être refusé (p. ex. s'il comporte une liste des absences de l'employé pour plus d'une période; s'il provient d'un médecin qui n'a pas vu l'employé durant son absence; s'il concerne une absence ayant eu lieu beaucoup plus tôt que la date où il a été produit, etc.) et que la responsabilité de refuser un certificat médical soit clairement précisée.

Réponse de la direction

La direction est d'accord avec cette recommandation.

La direction élaborera et documentera les critères relatifs aux certificats médicaux acceptables, et communiquera ces renseignements à la direction, aux employés et aux syndicats d'ici le quatrième trimestre de 2009.

Recommandation 6

Que Santé et Mieux-être des employés s'assure que les certificats médicaux sont adéquats et satisfont aux exigences de la Ville et ait le pouvoir final de décision de refuser les certificats médicaux.

Réponse de la direction

La direction est d'accord en partie avec cette recommandation.

La direction convient que seuls les certificats médicaux satisfaisant à certains critères doivent être acceptés pour justifier un congé de maladie (ces critères seront officialisés, comme le précise la recommandation 5).

Toutefois, la direction est en désaccord avec la suggestion voulant que SME soit responsable et aie le pouvoir final de décision pour l'approbation des certificats médicaux : cette responsabilité incombe aux gestionnaires.

SME déterminera les critères d'un certificat médical acceptable en fonction de son expertise et des pratiques reconnues dans l'industrie, et continuera de guider la direction dans l'application des critères visant à aider les gestionnaires à approuver les congés et à administrer les présences des employés. De plus, on rappellera aussi aux gestionnaires qu'ils sont responsables d'approuver tous les types de congés (y compris les congés de maladie), et recevront la formation nécessaire pour assumer cette responsabilité.

COMMENTAIRE DU VÉRIFICATEUR GÉNÉRAL : Le vérificateur général considère que cette recommandation devrait être transmise au Comité de la vérification, du budget et des finances aux fins de discussion.

Recommandation 7

Que les Services aux employés s'assurent que les employés sont avisés de tout certificat jugé insatisfaisant et qu'un processus de suivi continu soit mis en œuvre en vue d'obtenir un certificat satisfaisant.

Réponse de la direction

La direction est d'accord avec cette recommandation. SME a déjà mis cette recommandation en pratique de façon régulière.

Dans le cadre du nouveau processus récemment mis en place, la responsabilité du suivi incombe aux gestionnaires et aux superviseurs, avec l'aide de SME. Le bulletin des gestionnaires du 12 mai 2009 concernant le nouveau mécanisme de contrôle des congés de maladie explique aux gestionnaires qu'ils sont responsables de communiquer avec les employés pour leur rappeler la nécessité de soumettre un certificat médical une fois qu'ils ont épuisé les congés de maladie non justifiés auxquels ils ont droit. Le tout a également été réitéré au cours de séances d'information des gestionnaires tenues conjointement avec la parution du bulletin des gestionnaires.

La direction s'assurera que la communication aux gestionnaires concernant la recommandation 5 rappelle aussi aux gestionnaires et aux superviseurs qu'ils sont responsables d'assurer un suivi lorsqu'un certificat médical satisfaisant manque au dossier d'un employé. On rappellera aussi aux employés en quoi consiste un certificat médical satisfaisant.

Recommandation 8

Que les Services aux employés s'assurent que ces certificats, une fois reçus et satisfaisants, sont rapidement entrés dans SAP et avec précision.

Réponse de la direction

La direction est d'accord en partie avec cette recommandation.

La direction convient qu'un certificat médical satisfaisant doit être entré rapidement et avec précision dans SAP.

Toutefois, elle est en désaccord avec le fait qu'il s'agit là d'une responsabilité des Services aux employés (Ressources humaines) : s'assurer que le temps ou les jours de congé sont approuvés et soumis comme il se doit est une responsabilité des gestionnaires. En conséquence, les gestionnaires sont responsables d'accepter ou de rejeter les certificats médicaux en fonction de critères établis, et d'approuver le temps ou les jours de congé des employés conformément à la convention collective en vigueur ou aux politiques grâce aux processus établis.

Dans le cadre du projet d'automatisation du temps et des jours de congé, la capacité de la direction d'indiquer leur approbation des certificats médicaux tout

en entrant les heures ou les jours de congé correspondants sera développée d'ici le quatrième trimestre de 2009.

COMMENTAIRE DU VÉRIFICATEUR GÉNÉRAL : Le vérificateur général considère que cette recommandation devrait être transmise au Comité de la vérification, du budget et des finances aux fins de discussion.

Recommandation 9

Que la Ville établisse un délai ou une date précise au-delà de laquelle elle n'acceptera plus les certificats médicaux.

Réponse de la direction

La direction est d'accord avec cette recommandation et a établi une norme.

Le nouveau mécanisme automatisé de contrôle des congés de maladie de la Ville, mis en place en mai 2009, a établi que ce délai serait de 10 jours ouvrables (plus 7 journées civiles pour permettre les déplacements). Les certificats médicaux doivent donc être reçus à l'intérieur de cette période par SME.

Les Services aux employés (Ressources humaines) travailleront en collaboration avec les Relations de travail, l'Administration de la paie et les syndicats de la Ville afin d'établir et de communiquer ces critères d'ici le quatrième trimestre de 2009.

Recommandation 10

Que la Ville mette en place un processus en vue d'aviser les employés qu'en l'absence d'un certificat médical acceptable, on procédera à la récupération du salaire payé en trop; et, que la Ville recouvre le salaire versé à la suite d'une absence non justifiée excédant le nombre de congés prévus à la convention collective, et ce, de façon uniforme à l'échelle de toute la Ville.

Réponse de la direction

La direction est d'accord avec cette recommandation. Ce processus est présentement en place.

La direction a exploré la possibilité d'automatiser le contrôle des congés de maladie, et a jugé qu'il serait possible de mettre en place un tel mécanisme. En conséquence, au cours de 2009, la Ville met en place un mécanisme automatisé de contrôle des congés de maladie pour la majorité des organismes. Le tout permettra de veiller à ce que les congés de maladie excédant le nombre prévu aux conventions collectives soient automatiquement récupérés si l'employé ne produit pas les certificats médicaux en temps opportun comme le stipule la convention collective applicable. À la section locale 1760 du SUT et l'AIEST, ce mécanisme fait présentement l'objet d'un gel législatif (en raison des négociations en cours) et sera mis en place à une date ultérieure.

En mai 2009, des communications sur Ozone et par courrier interne ont été envoyées aux gestionnaires concernant le recouvrement de la rémunération en l'absence de certificats médicaux valides.

On s'attend à ce que cette pratique soit instaurée à l'échelle de toute la Ville une fois que des discussions auront eu lieu avec les syndicats. On prévoit une mise en place d'ici la fin du premier trimestre de 2010.

Recommandation 11

Que la Ville explore la possibilité d'automatiser l'ajout et la réduction du nombre de jours dans les banques de congés de maladie des employés afin d'assurer que la rémunération s'effectue au taux de salaire approprié.

Réponse de la direction

La direction est d'accord avec l'intention de cette recommandation, mais a établi que l'automatisation dans ce cas ne serait pas rentable.

La Ville a exploré la possibilité d'automatiser l'ajout et la réduction du nombre des congés de maladie au cours du projet IBS, en 2003-2004. Compte tenu du caractère unique de la situation à cet égard et des nombreuses variables associées à la compensation et à la réduction des jours de congé de maladie, il a été établi que la méthode actuelle de compensation et de réduction du nombre de ces journées serait très difficile à automatiser et ne constituerait pas une solution rentable.

Toutefois, la Ville reconnaît que le processus comporte des lacunes. Par conséquent, depuis le 1^{er} mai 2009, Santé et Mieux-être des employés et l'Administration de la paie ont mis en place un nouveau processus pour l'ajout et la réduction de journées de congé, assorti des contrôles et des approbations nécessaires : l'Administration de la paie est maintenant responsable de tous ajouts et réductions du nombre de jours dans SAP, comme l'a demandé SME; tous les congés de maladie supplémentaires doivent être approuvés par le gestionnaire de programmes, SME; et, l'Administration de la paie valide tous les ajustements de salaire à la suite des compensations ou des réductions afin d'en assurer l'exactitude.

Recommandation 12

Que la Ville mette en place un processus visant à s'assurer que tout salaire payé en trop, dans les cas où un employé aurait dû recevoir les 2/3 de son salaire, soit rapidement récupéré.

Réponse de la direction

La direction est d'accord avec cette recommandation.

À la suite du nouveau processus de compensation et de réduction décrit dans la réponse de la direction à la recommandation 11, un rapport SAP sera créé d'ici le

quatrième trimestre de 2009 et intégré à un processus de révision afin que les banques de congés des employés soient bien revues à la baisse si nécessaire. La majorité des trop-payés sont automatiquement récupérés à l'aide de SAP. Lorsque l'employé ne dispose pas des sommes suffisantes à cet effet, l'Administration de la paie communique avec lui (ou avec elle) pour prendre des dispositions afin de récupérer les sommes payées en trop, en se basant sur les directives pour le recouvrement des trop-payés de l'Administration de la paie.

Recommandation 13

Que la Ville traite les accommodements comme une initiative administrative et que l'on réponde aux besoins du personnel pouvant effectuer un travail modifié.

Réponse de la direction

La direction est d'accord avec cette recommandation.

Chaque année, on répond aux besoins de travail modifié d'un nombre considérable d'employés à la suite de blessures ou de maladies liées ou non à leur travail. La direction reconnaît qu'il y a toujours place à amélioration quand il est question du rendement d'un programme, de même qu'une sensibilisation accrue aux responsabilités de chacun et une meilleure compréhension de ces responsabilités, tant du côté des gestionnaires que des employés, constitue une part importante de ce processus.

Dans le cadre d'une stratégie sur le bien-être plus large, Santé et Mieux-être s'attaquera à la nécessité de sensibiliser davantage et de susciter une meilleure compréhension à cet égard. Le Comité de la haute direction devrait approuver et mettre en œuvre cette nouvelle stratégie au cours du deuxième trimestre de 2010.

Recommandation 14

Que la Ville dresse un inventaire des postes à tâches modifiées et associe les employés en fonction de leurs capacités aux postes disponibles afin de favoriser un retour au travail efficace et en temps opportun des employés aux prises avec des incapacités partielles, ou qui retournent au travail à la suite d'un congé de maladie avec des restrictions provisoires.

Réponse de la direction

La direction est d'accord, en principe, avec cette recommandation.

Si la direction accepte cette recommandation en principe, elle est également consciente que les modifications des tâches d'un poste ne conviennent pas toujours aux limites auxquelles un employé fait face. Très souvent, les accommodements consentis aux employés le sont au même poste qu'ils occupaient auparavant, et des changements ne sont apportés que pour accommoder leurs limitations temporaires ou permanentes, et à titre de précaution. Par conséquent, tenter de produire un « inventaire » des postes disponibles pour des accommodements ne serait pas raisonnablement possible.

Toutefois, l'administration accepte de créer un inventaire des postes qui sont les plus souvent utilisés pour offrir un travail modifié aux employés à leur retour de congés de maladie, et de réaliser également des analyses des demandes qui pourraient avoir été déjà satisfaites avec ces postes.

Dans le cadre de la recommandation 13, SME, avec des représentants de la direction, amorcera la création d'un inventaire des emplois avec tâches modifiées à l'échelle de toute la Ville. D'ici le deuxième trimestre de 2010, l'équipe d'intervenants ainsi formée commencera par identifier et documenter les postes les plus fréquemment utilisés pour offrir des tâches modifiées aux employés après un congé de maladie, et procédera à des analyses des demandes ayant été satisfaites avec ces postes.

Recommandation 15

Que la Ville précise le rôle et les responsabilités des employés, des gestionnaires et des superviseurs et ceux des centres d'expertise, p. ex. SME, Relations de travail, Administration de la paie, etc., en relation avec le processus de gestion des congés de maladie.

Réponse de la direction

La direction est d'accord avec cette recommandation.

Les rôles et responsabilités des employés, des gestionnaires, des superviseurs et des Ressources humaines (Services aux employés), des Relations de travail et de l'Administration de la paie sont clairement précisés dans les procédures du PGP. Ces rôles et responsabilités sont également précisés dans le document du programme de retour au travail.

Des représentants des Services aux employés (Ressources humaines), des Relations de travail, des Services juridiques et de l'Administration de la paie réviseront les rôles et responsabilités dans le cadre du processus de gestion actuel des congés de maladie afin de déterminer les secteurs nécessitant des précisions ou des modifications. Une fois déterminés, les changements requis seront apportés aux documents concernés et seront communiqués aux gestionnaires et au personnel d'ici le premier trimestre de 2010.

Recommandation 16

Que les superviseurs du Centre EAF, Division Centre, effectuent une analyse trimestrielle des congés de maladie incluant, sans s'y limiter :

- **l'instauration d'un suivi des congés de maladie non justifiés ou le non-paiement de toute journée de congé excédant le nombre prévu à la convention collective, à moins qu'elle ne soit justifiée;**
- **l'instauration d'un suivi pour les congés de maladie non justifiés de plus de quatre jours;**

- **une tendance quant à l'utilisation des journées de la semaine et une enquête, au besoin; et,**
- **une enquête chaque fois qu'un congé de maladie est pris le même jour par deux employés vivant à la même adresse.**

Réponse de la direction

La direction est d'accord avec cette recommandation. Cette pratique est déjà instaurée.

L'EAF, Division Centre a mis en place un processus amélioré d'examen trimestriel des congés de maladie (depuis le premier trimestre de 2009) pour le personnel ayant dépassé le nombre de congés prévus à la convention collective ou les quatre jours de congés de maladie consécutifs normalement alloués. Ce processus d'examen s'effectue le 30^e jour du dernier mois de chaque trimestre. L'adjointes administratives de chaque administrateur produisent un rapport aux fins d'examen par ce gestionnaire et le font circuler comme il se doit.

Le personnel appartenant à l'une ou l'autre de ces catégories a été identifié et un suivi a été assuré. Parmi les résultats de ce suivi, certaines journées n'ont pas été payées et pour d'autres, on a créé un trop-payé, dans les deux cas en consultation avec les Relations de travail.

Si les gestionnaires et les superviseurs doivent disposer de leur propre processus de contrôle et de surveillance des congés de maladie avec leur personnel, le nouveau mécanisme de contrôle automatisé (qui avertit les superviseurs ou les gestionnaires des congés de maladie non justifiés dépassant le nombre prévu) aidera la direction dans le processus de surveillance et de suivi.

L'analyse trimestrielle de SAP inclura aussi les tendances dans l'utilisation des jours de la semaine et la fréquence des congés de maladie que prennent deux employés vivant sous le même toit. Le consultant en ressources humaines complétera l'analyse le 30^e jour du dernier mois de chaque trimestre et la transmettra au gestionnaire aux fins d'examen et de suivi avec l'équipe de gestion. Toute autre enquête relative au personnel sera effectuée en consultation avec les Relations de travail.

Recommandation 17

Que le Centre EAF, Division Centre s'assure que les rapports de congés de maladie soient disponibles pour les gestionnaires/superviseurs ayant des subordonnés directs. Ces superviseurs devraient aussi recevoir une formation sur SAP leur apprenant comment y trouver les renseignements nécessaires.

Réponse de la direction

La direction est d'accord avec cette recommandation.

La direction convient que les gestionnaires et les superviseurs disposant de subordonnés leur étant liés hiérarchiquement devraient aussi avoir accès aux principaux rapports relatifs aux ressources humaines, tels que les rapports concernant les congés de maladie, à des fins de surveillance, d'analyse et de suivi.

Les améliorations récentes et futures rendant ces rapports sont disponibles à l'aide de l'application libre service des gestionnaires (LSG), dans Ozone, aideront le personnel et les superviseurs à assurer le suivi de leur dossier et à le mettre à jour facilement et efficacement à partir de leur ordinateur de bureau.

Les Ressources humaines continuent de mettre à jour les fonctions de LSG. Certains membres du personnel de direction ont assisté à la séance de formation et de compte-rendu de l'automatisation en ressources humaines portant sur ces améliorations. De l'aide et de la formation supplémentaires seront offerts d'ici le troisième trimestre de 2009 afin de s'assurer que tous les gestionnaires et tous les superviseurs sont formés sur les outils et rapports.

Recommandation 18

Que le Centre d'accueil Champlain définisse et attribue clairement la responsabilité de la gestion quotidienne des congés de maladie et de la surveillance courante des absences pour congé de maladie de courte durée, en plus des deux contrôles annuels du PGP.

Réponse de la direction

La direction est d'accord avec cette recommandation.

Les gestionnaires de programme du Centre d'accueil Champlain sont responsables de la gestion des congés de maladie au quotidien. La Direction des soins de longue durée est présentement en train d'implanter au Centre d'accueil Champlain le système automatisé d'établissement des horaires du personnel Telestaff afin d'aider les gestionnaires dans le suivi quotidien des congés de maladie. Telestaff est en place dans trois des quatre résidences de soins de longue durée et le personnel estime qu'il sera entièrement implanté au Centre d'accueil Champlain d'ici le troisième trimestre de 2009.

Recommandation 19

Que le Centre d'accueil Champlain procède, à l'aide de SAP ou de Telestaff, à une analyse des tendances pour les employés, à titre individuel, et fasse le suivi des tendances possibles identifiées.

Réponse de la direction

La direction est d'accord avec cette recommandation.

Le système Telestaff permet de produire des rapports réguliers sur les congés de maladie à l'intention des gestionnaires de programmes pour les aider dans le suivi des heures de congés de maladie et pour améliorer l'analyse des tendances.

En ce qui concerne les constatations relatives aux congés de maladie lors de journées précédant ou suivant une fin de semaine, il est important de noter que le personnel des soins de longue durée travaille une fin de semaine sur deux. En conséquence, les lundis et les vendredis ne sont pas nécessairement rattachés à une « fin de semaine » pour ces employés.

Telestaff est en place dans trois des quatre résidences de soins de longue durée et le personnel estime qu'il sera entièrement implanté au Centre d'accueil Champlain d'ici le troisième trimestre de 2009.

Recommandation 20

Que la Direction de la circulation routière procède à une analyse des tendances en matière de congés de maladie utilisés chez eux.

Réponse de la direction

La direction est d'accord avec cette recommandation. Cette pratique est déjà instaurée.

Le rapport sur l'utilisation des congés de maladie offert par le LSG sur Ozone a été amélioré afin que des renseignements détaillés sur l'utilisation des congés de maladie puissent servir à des fins d'analyse et de contrôle.

Le rapport est maintenant utilisé chaque mois par la direction pour le contrôle et l'analyse des types de congés de maladie pris (justifiés, non justifiés) pour tous les employés. L'analyse des tendances issue de ce rapport sera présentée à l'équipe de gestion de la Direction de l'entretien des routes et de la circulation routière qui verra si des mesures correctives sont nécessaires.

De plus, le nouveau mécanisme automatisé de contrôle des congés de maladie offre aux gestionnaires la possibilité d'administrer les congés de maladie de façon proactive, par une surveillance des heures de congés de maladie consécutives et cumulatives ayant été utilisées. Il aide aussi les gestionnaires à mettre en place les mesures nécessaires pour aviser les employés lorsque des certificats médicaux sont requis.

Recommandation 21

Que le Service paramédic d'Ottawa s'assure qu'en tant que système de planification global pour la Ville, SAP regroupe des données exactes et constamment mises à jour par le personnel du Service.

Réponse de la direction

La direction est d'accord avec cette recommandation.

Même si SAP est le système de planification global de la Ville, il n'a pas la capacité de répondre aux besoins dynamiques d'établissement des horaires propres au Service paramédic, ni à ses impératifs opérationnels. Telestaff continuera donc d'être un outil nécessaire pour le SPO en raison de ces caractéristiques adaptées à l'industrie.

Le SPO s'assurera que SAP et Telestaff enregistrent les mêmes données aux fins de gestion des congés de maladie, et ce, d'ici le troisième trimestre de 2009.

Recommandation 22

Que le Service paramédic d'Ottawa se penche sur les tendances et prenne les mesures appropriées incluant, sans s'y limiter, les congés de maladie utilisés simultanément par deux personnes vivant sous le même toit.

Réponse de la direction

La direction est d'accord avec cette recommandation. Cette pratique est déjà instaurée.

Le Service paramédic d'Ottawa continuera de surveiller les tendances relatives aux absences des employés et prendra des mesures, au besoin, en consultation avec SME et les Relations de travail.

Recommandation 23

Que les Services aux employés assurent une formation supplémentaire à tous les superviseurs avec subordonnés directs qui participent ou sont engagés dans le processus du PGP.

Réponse de la direction

La direction est d'accord avec cette recommandation.

Des travaux sont présentement en cours afin d'inclure un survol du PGP dans les nouvelles séances de formation de développement des superviseurs et des gestionnaires, lesquelles sont actuellement en préparation.

Au cours du premier trimestre de 2010, les Services aux employés (Ressources humaines) travailleront avec les Relations de travail à l'élaboration de séances de formation de départ et de formation d'appoint pour les gestionnaires. Une fois ces séances de formation mises sur pied, les Ressources humaines et les Relations de travail annonceront que cette formation est maintenant offerte et commencera à la prévoir et à l'offrir d'ici le deuxième trimestre de 2010.

Recommandation 24

Que les Services aux employés s'assurent que tous les employés sont inclus dans les bases de données du PGP, qu'ils refassent le transfert des données à partir de SAP pour le cycle précédent afin d'assurer l'exactitude de ces données, et que les bases de données soient revues par une autre personne avant que les chiffriers soient distribués aux divers services.

Réponse de la direction

La direction est d'accord en partie avec cette recommandation.

Les Ressources humaines (Services aux employés) veilleront à ce que tous les congés de maladie des employés visés par le PGP soient inclus dans la base de données du PGP, y compris ceux des employés qui prennent leur retraite ou quittent leur emploi à la Ville au cours de l'année (à l'exception des pompiers en préretraite, comme le prévoient les dispositions de leur convention collective).

Si la direction convient de la nécessité de travailler avec des données exactes, elle est toutefois en désaccord avec la nécessité de refaire le transfert de données pour chaque cycle de six mois, car une telle opération n'est pas rentable.

Les données SAP sont exactes et reflètent les renseignements transmis aux directions. À ce jour, seuls 20 écarts ont été observés dans chaque cycle pour les 11 000 employés du PGP. Ces écarts sont dus en grande partie aux feuilles de temps entrées une fois que le téléchargement semestriel des données est complété. Si les feuilles de temps sont entrées en temps opportun et que la direction compare les chiffriers du PGP à ceux de leur propre service et font part des écarts aux administrateurs du PGP, les corrections nécessaires seront effectuées.

Aucune valeur reconnue n'est rattachée à la révision de la base de données par une autre personne, car il n'y a aucun moyen pour cette deuxième ressource de savoir si les données étaient manquantes ou non au départ. Cette question a posé problème chez un petit nombre d'employés dans les groupes où Telestaff est utilisé pour l'établissement des horaires d'employés s'étendant sur toute la semaine, jour et nuit. Une fois la recommandation 21 mise en pratique par les Services paramédic, ce problème devrait être beaucoup moins fréquent.

COMMENTAIRE DU VÉRIFICATEUR GÉNÉRAL : Le vérificateur général considère que cette recommandation devrait être transmise au Comité de la vérification, du budget et des finances aux fins de discussion.

Recommandation 25

Que les Services aux employés, en consultation avec les Services de technologie de l'information, se penchent sur la possibilité d'utiliser un outil automatisé pour les rapports du PGP.

Réponse de la direction

La direction est d'accord avec cette recommandation.

Les Services aux employés, en consultation avec la TI, étudiera la possibilité d'accroître les capacités d'automatisation des outils du PGP d'ici le quatrième trimestre de 2009.

Recommandation 26

Que la Ville s'assure que les lettres relatives aux étapes soient classées dans le dossier de ressources humaines de chaque employé.

Réponse de la direction

La direction est d'accord avec cette recommandation. Cette pratique est déjà instaurée.

Les gestionnaires ont eu comme directive d'envoyer des copies des lettres signées à l'administrateur du PGP, qui les réachemine ensuite aux Dossiers afin qu'elles soient classées dans le dossier de ressources humaines de l'employé concerné.

D'ici le troisième trimestre de 2009, l'administrateur du PGP enverra un rappel concernant cette exigence à tous les gestionnaires recevant des lettres d'employés pour le prochain PGP.

Recommandation 27

Que la Ville élabore et documente une stratégie sur le bien-être visant à réduire le nombre des congés de maladie; qu'il fixe ensuite des objectifs et des cibles mesurables pour l'organisme, et que le tout soit communiqué de façon efficace.

Réponse de la direction

La direction est d'accord avec cette recommandation.

La direction convient que l'élaboration d'une stratégie d'ensemble sur le bien-être serait profitable pour les employés autant que pour la Ville; toutefois, cette stratégie doit être globale dans sa nature même et ses objectifs doivent être d'une portée beaucoup plus large que la seule réduction du nombre des congés de maladie.

En tenant compte des commentaires du Comité des cadres supérieurs, les Services aux employés (ressources humaines) élaboreront, d'ici le deuxième trimestre de 2010, une stratégie sur le bien-être (voir la recommandation 13) qui sera liée et appuiera la stratégie et le plan de travail sur l'excellence.

Recommandation 28

Que la Ville fasse rapport à tous les niveaux de gestion de même qu'au Conseil municipal sur :

- **le statut des cibles fixées par rapport à l'amélioration de l'absentéisme; et,**
- **le nombre de jours utilisés par direction et les coûts occasionnés pour chaque cycle.**

Réponse de la direction

La direction est d'accord avec cette recommandation.

Une structure globale de préparation des rapports, qui sera présentée aux comités permanents et au Conseil municipal, est présentement en préparation. Dans le cadre de ces travaux, Services aux employés (Ressources humaines) recommandera des mesures de rendement à inclure dans la structure, dont des mesures de l'assiduité des employés, et ce, d'ici le deuxième trimestre de 2010.

Recommandation 29

Que les Services aux employés s'assurent que tous les employés en congé de maladie pour une période donnée, y compris ceux qui ne travaillent plus pour la Ville, sont inclus dans les rapports.

Réponse de la direction

La direction est d'accord avec cette recommandation.

Les Services aux employés (Ressources humaines) veilleront à ce que tous les congés de maladie concernés par le PGP soient inclus dans la base de données du programme, y compris ceux des employés qui prennent leur retraite ou quittent leur emploi à la Ville au cours de l'année (à l'exception des pompiers en préretraite, comme le prévoient les dispositions de leur convention collective), et ce, d'ici le quatrième trimestre de 2009.

Recommandation 30

Que les Services aux employés explorent des mesures de rechange pour réduire la période de flottement entre la fin du cycle du programme, l'envoi de lettres à tous les services de l'exploitation et la délivrance d'une lettre à un employé.

Réponse de la direction

La direction est d'accord avec cette recommandation.

Des mesures visant à réduire le délai entre la fin d'un cycle et l'envoi de lettres aux employés ont été étudiées, avec les constatations suivantes :

- Il est impossible de réduire le temps nécessaire à l'Administration de la paie à la fin d'un cycle (un mois) pour s'assurer que tous les congés sont entrés (certains groupes d'employés sont payés toutes les trois semaines).

- Des ressources supplémentaires pourraient aider à réduire de deux semaines le temps nécessaire pour télécharger les données de SAP à la base de données du PGP et pour la préparation des chiffriers pour les gestionnaires. Les Ressources humaines tenteront de voir auprès du centre de services des ressources humaines s'il est possible de fournir des ressources supplémentaires à l'administrateur du PGP, lesquelles pourraient entrer en fonction au cours du troisième trimestre de 2009.

Dans certains cas, on constate des délais considérables entre le moment où les gestionnaires reçoivent les lettres et leur distribution aux employés. Au cours du prochain cycle du programme, au troisième trimestre de 2009, l'administrateur du PGP rappellera aux gestionnaires l'importance de distribuer rapidement les lettres qu'il leur envoie.

Recommandation 31

Que le Service paramédic d'Ottawa dissolve immédiatement son « comité à pouvoir discrétionnaire » et cesse d'entrer des renseignements médicaux personnels sur ses employés dans une base de données; et que la Direction de la LAIMPVP et élections municipales se penche sur toutes les pratiques de ce genre dans la Ville.

Réponse de la direction

La direction est d'accord avec cette recommandation.

Depuis le 30 juin 2009, le Service paramédic d'Ottawa a cessé d'utiliser un comité à pouvoir discrétionnaire pour toutes les décisions relatives au PGP, y compris ce qui touche la collecte de renseignements médicaux personnels.

Recommandation 32

Que la Ville suive étroitement et évalue si des résultats positifs se dégagent du versement d'incitatifs monétaires aux employés membres du SUT afin qu'ils utilisent moins de congés de maladie, et qu'elle procède à une analyse coûts-avantages à cet effet.

Réponse de la direction

La direction est d'accord avec cette recommandation.

Dans la mesure où les données pertinentes sont disponibles, d'ici le quatrième trimestre de 2009, les Services aux employés (Ressources humaines) analyseront si les incitatifs monétaires offerts aux employés membres du local 1760 du SUT, ont amené, depuis leur instauration, une diminution de nombre de jours de congés de maladie utilisés.

Conclusion

Des études ont démontré que les entreprises dotées d'une bonne stratégie de mieux-être des employés affichent un absentéisme moindre, ont des employés ayant un

meilleur moral en milieu de travail et une meilleure attitude face à leur employeur, bénéficient d'une plus grande productivité et profitent aussi de coûts de fonctionnement moindres. De même, des employés en meilleure santé courent moins de risques d'être impliqués dans des accidents, sont moins souvent malades et guérissent plus vite lorsqu'ils le sont.

Malgré cela, il manque à la Ville une initiative stratégique proactive visant à accroître le bien-être de ses employés et, ce faisant, à réduire aussi le nombre de jours de congés de maladie qu'ils utilisent. Tant qu'une telle stratégie ne sera pas en place, que des objectifs auront été fixés et que des cibles mesurables n'auront pas été précisées et les résultats analysés, il y a peu de chance que la Ville parvienne à réduire le nombre des congés de maladie au sein de son personnel.

Le PGP n'est pas un mécanisme de gestion des congés de maladie; il sert simplement à faire des rapports sur les journées d'absence. Le travail entourant la gestion des congés de maladie se concentre principalement du côté du contrôle et du signalement des absences. Même si ces deux aspects sont importants, ils ne sont qu'un volet de la gestion des congés de maladie. L'outil de préparation des rapports du PGP (qui consiste présentement en deux chiffriers Excel) doit aussi inclure toute l'information exacte et devrait être amélioré par l'utilisation de SAP.

Dans la plupart des cas, les employés ayant une parfaite ou une bonne assiduité reçoivent une lettre à titre de renforcement positif; à l'autre bout du spectre, les employés présentant des problèmes d'absentéisme reçoivent eux aussi une lettre à titre de renforcement négatif. Les congés de maladie des employés qui ne font partie d'aucune de ces deux catégories ne sont pas directement pris en charge. Du point de vue opérationnel comme du point de vue financier, la Ville aurait avantage à réduire le nombre de congés de maladie utilisés par ses employés qui en sont à une étape du Programme de gestion des présences, mais en réduisant plutôt tous les congés de maladie de courte durée. Les problèmes d'inexactitude dans les rapports du PGP (chiffriers Excel utilisés pour les rapports) et les délais avec lesquels les employés reçoivent des lettres concernant leur assiduité méritent une attention particulière.

Pour faire de cette initiative une question prépondérante, la diffusion continue des rapports sur les congés de maladie et les coûts qui s'y rattachent à tous les paliers de l'administration et au Conseil municipal doit aussi être introduite.

Il est nécessaire de procéder à un changement de culture, afin que les employés cessent de percevoir les congés de courte durée comme un avantage qui leur est dû et qu'ils les voient plutôt comme une forme d'assurance à utiliser en toute bonne foi advenant une invalidité de courte durée.

La gestion des certificats médicaux doit également être améliorée. La question des certificats médicaux inadéquats, plus particulièrement, mérite d'être prise en charge

avec plus de fermeté; la justification des congés doit aussi être codée plus rapidement dans SAP.

La gestion des tendances, notamment pour ce qui a trait aux employés vivant sous un même toit et prenant simultanément une journée de congé, doit être mieux exercée.

En comparant le nombre de congés de maladie de courte durée de la Ville d'Ottawa avec celui des autres villes dans le sondage du HRBN, on a constaté que plusieurs villes octroyaient à leurs employés un nombre d'heures de congé de maladie payées moindre que ce qui prévaut à Ottawa.

De plus, en comparant les résultats du PGP pour Ottawa à ceux de la Ville de Toronto, nous avons constaté que Toronto, au fil du temps, réussit mieux qu'Ottawa à réduire la moyenne de ses congés de maladie par employé. En 2007, Toronto comptait en moyenne 7,9 jours par employé, comparativement à 10,6 pour Ottawa.

Remerciements

Nous souhaitons exprimer notre reconnaissance à la direction pour la collaboration et l'aide apportée à l'équipe de vérification.

1 BACKGROUND

The Audit of Sick Leave Management was included in the 2008 Audit Plan of the Office of the Auditor General, first presented to Council in May 2007.

The City manages sick leave using its Attendance Management Program (AMP). The present program recognizes exemplary and improved attendance, fosters employee awareness of the importance of good attendance, and provides assistance to employees in improving attendance through a variety of programs. The City should endeavour to improve both on an individual and collective level its employees' health. Reducing sick leave leads to both a savings for the City and better service to the public.

A certain amount of sick leave is inevitable, that is when employees are sick they should not be at work. However, studies have shown that corporations with a strong wellness strategy benefit from: reduced absenteeism; employees having better workplace morale; employees having better attitude toward the employer; increased productivity; and, reduced overall costs. As well, healthier employees may be less likely to be in an accident, may be sick less often or recover from sickness more rapidly.

During 2007, the City of Ottawa employed approximately 17,000 employees with annual compensation (salaries, wages, and benefits) of \$1.1 billion¹.

The City's Enterprise-wide Resources Planning (ERP) System (SAP) 2007 sick leave data used in this report excludes, Ottawa Police Service and Ottawa Public Library, which are both out of scope. Also not included in the data are areas not reporting to the City Manager - namely, the Office of the Auditor General (21.28 days of sick leave - average of 2.7 days per employee) and Committee of Adjustment (125.01 days of sick leave - average of 8.9 days per employee).

The Attendance Management Program (AMP) provides short-term disability data to management internally in days. Conversely, Employee Services has participated in the external Human Resources Benchmarking Network (HRBN) - Annual Benchmarking Survey in hours. The later is reported in hours to standardize the data between participating organizations as various employees' and organizations' workdays vary in length.

The former Attendance Improvement Program (AIP) was modified and reintroduced in January 2007 as AMP. One of the audit's objectives was to evaluate and assess if there was strict adherence to AMP procedures. AMP is governed by corporate procedures dated October 25, 2006, as amended following the award by the Board of Arbitration on October 1, 2006. As reported under AMP (see table 17), City employees covered under the program used 112,097 days of paid and unpaid sick leave equalling an average of 10.64 days per employee in 2007. When

¹ 2007 City of Ottawa Annual Report

compared to the data we exported using the same SAP codes, employees drew on 118,274 days equating to a variance of 6,177 days.

Table 17, found later in this report, presents the statistics calculated by EH&W by branch. The following statistics was obtained from Statistics Canada. A comparison was not performed.

TABLE 1: DAYS LOST PER WORKER BY INDUSTRY (BOTH SEXES)

Source: Statistics Canada

	<u>2005</u>	<u>2006</u>	<u>2007</u>
Goods-producing industries	9.3	9.6	9.8
Primary industries	7.6	8.3	8.5
Utilities	9.1	12.4	11.2
Construction	8.3	9.5	9.4
Manufacturing	9.9	9.7	10.2
Services-producing industries	9.8	9.8	10.3
Trade	8.2	8.5	9.3
Transportation and warehousing	12.2	11.6	12.2
Finance, insurance, real estate and leasing	8.9	7.5	8.9
Professional, scientific and technical	5.3	5.6	6.6
Business, building and other support services ¹	11	11.5	10.6
Educational services	9.8	10.7	10.6
Health care and social assistance	14.2	14.4	14.3
Information, culture and recreation	8.5	8.7	9.3
Accommodation and food services	9.1	8.2	8.1
Other services	6.8	7.3	9.5
Public administration	12.2	12	12.2

Notes:

- Includes days lost due to illness, disability and personal or family responsibility.
- Includes full-time paid workers only.

1. Formerly Management of companies, administrative and other support services.

Source: Statistics Canada, CANSIM, table (for fee) 279-0030.

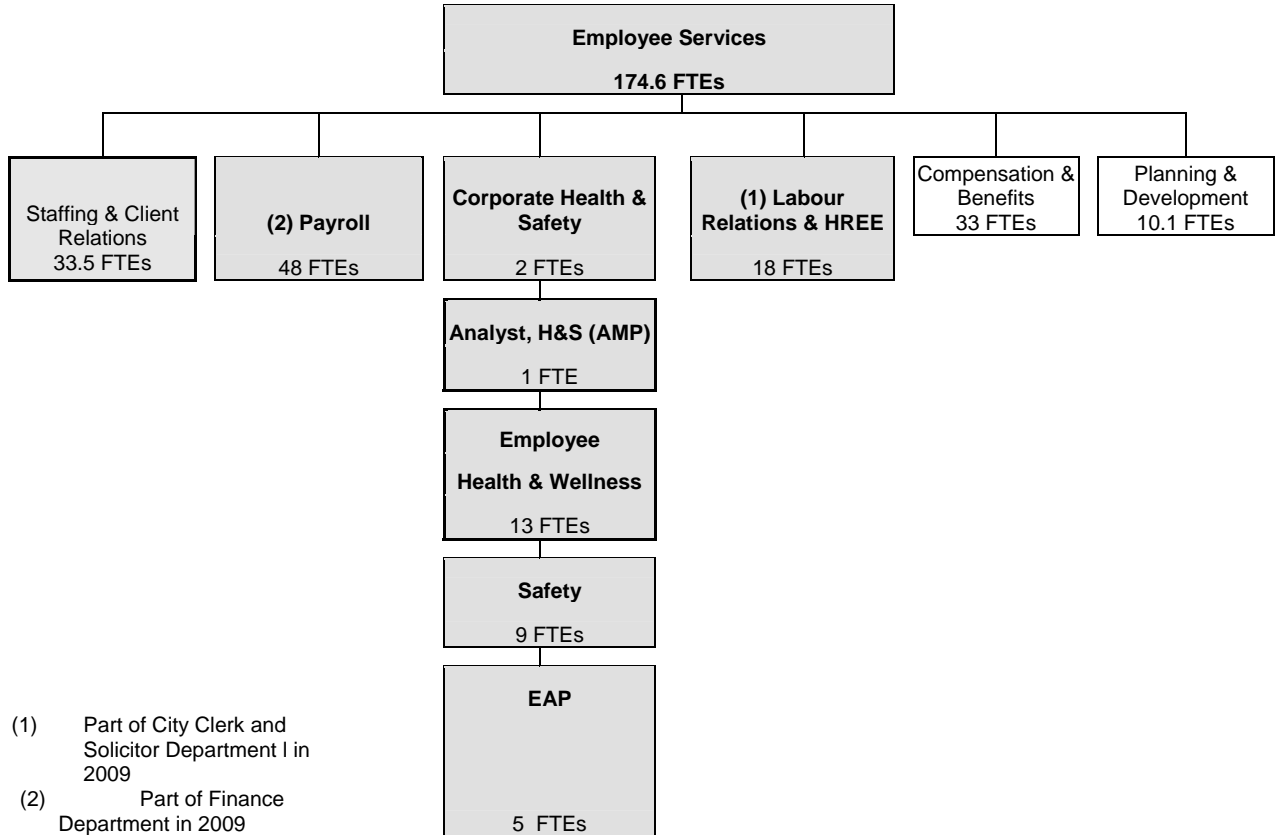
Last modified: 2008-05-22.

The Centres of Expertise relating to sick leave reside in the Employee Services Branch, primarily in Health and Safety Division, although Payroll Division and Labour Relations & HREE have integral roles. Staffing and Client Relations also play a role in the Priority Placement Process. This process is triggered when there is a need to secure permanent suitable accommodations for employees with permanent medical and functional restrictions.

Employee Health & Wellness is a unit of Health and Safety Division. It is the Centre of Expertise mandated "to protect and enhance the health of employees by educating and supporting employees in achieving and maintaining good health. EHW is also responsible for supporting and facilitating an employee's rehabilitation

and return to work following an injury or illness and when required, to support the placement of employees in positions suited to their physiological and psychological health status.”¹ Below is the 2007 organizational chart for Employee Services.

TABLE 2: 2007 ORGANIZATIONAL CHART - EMPLOYEE SERVICES



2 AUDIT OBJECTIVES AND APPROACH

2.1 Objectives and Criteria

Audit Objective 1: Assess if absenteeism related to sick leave is appropriately managed.

Criteria:

- Accountabilities for managing sick leave at all levels of the organization are identified, clear to all parties and respected
- Management practices are in place to mitigate impact of covering off sick leave in relation to providing services

¹ Ozone

- Processes are in place to adequately investigate and document sick leave
- Reporting mechanisms/structures are in place to ensure sick leave at all levels is recorded
- Action is taken to mitigate occurrence of systemic problematic sick leave
- Employees Services has distinct roles and responsibilities in communicating attendance and reporting on corporate attendance statistics/trends to managers
- Employees Services has distinct roles and responsibilities in improving attendance
- The City's information systems appropriately support managers in the management of sick leave

Audit Objective 2: Assess appropriateness and effectiveness of the Attendance Management Program.

Criteria:

- Documentation is complete, timely and adequate
- Processes are in place and followed where elevated sick leave usage is observed
- Documentation of monitoring of elevated sick leave users is adequate
- Attendance of employees on the program is reviewed on a regular and on-going basis
- The City has targets and benchmarks to both measure itself against and report progress against
- Has the City improved its compliance with sick leave policies and the Attendance Management Program

2.2 Scope

The scope of the audit included the:

- Overall 2007 absenteeism related to all short-term disability (e.g., certified, uncertified, paid, unpaid, etc.); and,
- Attendance Management Program.

The audit excludes:

- Absences related to WSIB injuries/illnesses and long-term disability claims;
- Absences related to a declared disability;
- Ottawa Public Library; and,

- Ottawa Police Service.

3 OBSERVATIONS AND RECOMMENDATIONS

3.1 *Audit Objective 1: Assess if absenteeism related to sick leave is appropriately managed*

3.1.1 AMP Objectives

The City of Ottawa has managed its employee's sick leave through two programs: the Attendance Improvement Program, and from January 2007 on, through the Attendance Management Program. The objectives of AMP are to:

- "Recognize exemplary attendance and/or improved attendance
- Foster employee awareness of the importance of good attendance
- Assist employees in improving attendance through a variety of programs
- Encourage the reduction of the excessive use of IPP or sick leave benefits
- Accommodate employees with disabilities as defined under the Ontario/Canadian Human Rights legislation
- Encourage the proper use of sick leave"

As decreasing sick leave is not, at present, an objective of the City's current program no efforts are specifically made to do so. It is our opinion that a fundamental goal of any attendance management program should be to decrease sick leave. Unless the City clearly establishes such a goal and that senior managers communicate it to lower level employees, decreasing sick leave will continue to represent a challenge for the City.

Recommendation 1

That the City establish and communicate a fundamental AMP objective of decreasing sick leave.

Management Response

Management agrees with this recommendation. The objective has been established and communicated.

The Application section of the Attendance Management Program (AMP) procedures document clearly states that the program's primary objectives are to:

- Encourage and recognize exemplary attendance and/or improved attendance; and,
- Address absenteeism related to the use of sick leave.

The section further states that culpable absences, and any related disciplinary action, will be dealt with outside of this program.

The program information is available to managers and employees on Ozone.

3.1.2 Average Paid Sick Hours per Participating Employee

Table 3 below provides the 2007 number of sick leave days as well as hours for both paid and unpaid leave. We extracted the data using the SAP codes used by the Attendance Management Program and found it was higher than what was reported to HRBN. There is a variance of 57,363 hours or approximately 6% of paid sick leave hours (938,910 table 3 less 881,547 hours reported by management to HRBN) between what is in SAP and what the City reported to HRBN.

TABLE 3: CITY-WIDE 2007 SHORT-TERM DISABILITY
SAP data as at July 17, 2008

Absence Type	Absence Type Description	Absence Days	Absence Hrs	%
6050	IPP w/o Top Up -Certified	41,746.90	326,980.92	
6052	IPP with Top Up-Certified	27.00	206.00	
6056	Sick Pay - Certified	4,794.34	59,742.80	
6057	Isolation IPP Top Up-Certified	8.11	49.75	
8116	IPP Certified	22,119.06	179,003.86	
	Sub-total Certified	68,695.41	565,983.33	58.1%
6051	IPP w/o Top Up –Uncertified	29,359.30	227,841.38	
6053	IPP with Top Up-Uncertified	49.55	398.67	
6055	Sick Pay – Uncertified	4,978.70	60,850.38	
8117	IPP Uncertified	7,818.97	63,353.62	
6054	Sick % - Paid	3,090.32	20,482.64	
	Sub-total Uncertified	45,296.84	372,926.69	38.3%
Sub-Total of PAID		113,992.25	938,910.02	96.4%
6553	Sick Unpaid Certified	208.22	1,469.82	
6552	Sick Unpaid	1,244.89	8,659.00	
8120	IPP Unpaid	2,828.42	22,475.06	
8122	IPP Unpaid Certified	0.00	0.00	
	Sub-total Unpaid	4,281.53	32,603.88	3.6%
Total PAID / UNPAID		118,273.78	971,513.9	100.0%

Table 4a, and Table 4b below, provides a comparison point to 2006 and 2007 as well as to other municipalities and regions, which participated in the survey.

In 2006, 7 cities reported sick leave to the HRBN – Annual Benchmarking Survey compared to 10 cities in 2007.

TABLE 4A: HRBN - ANNUAL BENCHMARKING SURVEY FOR 2006
Comparison of Municipalities, Single Tier City/Regional Municipality

Municipality	EE Count	% of Unionized Workforce	Participating EEs	Total Paid Sick Hours	Paid Sick Hours Per Eligible EE	Total "Sick Pay" Expense	Total Salary Expense, "Sick Pay" Eligible EEs	"Sick Pay" Exp. As a % of Eligible EE Salary Expense
City of Mississauga	6,188	35.3%	3,578	195,551	54.7	\$3,985,561	\$223,575,774	1.78%
City of Ottawa	14,640	94.0%	11,417	844,089	73.9	\$23,316,501	\$623,830,268	3.74%
Regional Municipality of Durham	3,721	81.0%	2,785	207,903	74.7	Data not provided		
Regional Municipality of Niagara	2,879	84.7%	2,055	151,393	73.7	Data not provided		
Region of Waterloo	2,867	70.7%	2,164	159,020	73.5	\$4,345,093	\$114,678,134	3.79%
Regional Municipality of York	2,842	82.0%	2,257	182,216	80.7	\$4,966,877	\$137,049,950	3.62%
Region of Peel	4,444	49.5%	3,933	299,946	76.3	\$6,372,426	\$208,920,717	3.05%

EE = employee

TABLE 4B: HRBN - ANNUAL BENCHMARKING SURVEY FOR 2007
Comparison of Municipalities, Single Tier City/Regional Municipality

Municipality	EE Count	% of Unionized Workforce	Participating EEs	Total Paid Sick Hours	Paid Sick Hours Per Eligible EE	Total "Sick Pay" Expense	Total Salary Expense, "Sick Pay" Eligible EEs	"Sick Pay" Exp. As a % of Eligible EE Salary Expense
City of Hamilton	7,298	69.8%	4,592	350,239	76.3	\$9,086,061	\$280,633,683	3.24%
City of Mississauga	5,990	37.6%	3,776	111,176	29.4	\$221,748	\$7,088,293	3.13%
City of Ottawa	15,017	94.0%	11,470	881,547	76.9	\$27,800,605	\$618,484,805	4.49%
District Municipality of Muskoka	240	67.0%	217	10,937	50.4	\$215,699	\$11,557,375	1.87%
Regional Municipality of Durham	3,812	84.0%	2,670	200,038	74.9	\$984,134	\$15,013,698	6.55%
Region of Peel	4,683	47.7%	3,390	237,694	70.1	\$5,795,030	\$226,001,581	2.56%
Region of Waterloo	2,907	73.0%	2,256	167,349	74.2	\$4,760,793	\$126,993,554	3.75%
Regional Municipality of York	2,964	82.5%	2,366	188,450	79.6	\$5,313,937	\$148,663,525	3.57%
City of Burlington	1,557	34.0%	858	57,521	67	\$1,569,099	\$52,459,822	2.99%
City of Thunder Bay	3,087	72.3%	1,843	158,065	85.8	\$914,556	\$70,502,587	1.30%

EE = employee

Employee Services participated in the HRBN - Annual Benchmarking Survey, stating that for 2007, 11,470 City employees used 881,547 paid sick hours for an average of 76.9 paid sick hours per eligible employee. Management estimates that, including Ottawa Public Library, sick leave costs taxpayers approximately \$27.8 million or 4.5% of the \$618.5 million total employee's compensation budget eligible for short-term disability. This represent an average increase of 3 paid hours per participating employee from 2006. In total, 844,089 paid sick hours were incurred

during 2006, for an average of 73.9 paid sick hours per eligible employee (11,417 City employees).

The Attendance Management Program is used as a tool to track and report absences. The City has no proactive strategic initiative aimed at improving wellness and thereby decreasing sick leave - AMP simply reports absences at specific levels.

When comparing Ottawa to other cities that have responded to the HRBN survey, it was observed that many cities had paid sick leave hours per eligible employees lower than Ottawa. Some cities such as Mississauga have reported better result of paid sick hour per eligible employee. In particular, Mississauga averages 19.2 paid sick hours per eligible employee less than Ottawa for 2006 and 47.5 less than Ottawa for 2007. It may be useful to contact municipalities such as Mississauga to see if their processes would present Ottawa the same level of success.

3.1.3 SAP Usage

SAP is the City's Enterprise-wide Resources Planning (ERP) System. Short-term disability (sick leave) absences are entered within SAP using 14 different codes (see Table 3). Attendances and absences are captured by either Payroll Division or by specific individual branches through various systems (i.e., Telestaff, Maintenance Management System, etc.). Data, which is not entered by Payroll Division, is nonetheless uploaded to SAP for compensation purposes.

Specifically, Ottawa Paramedic Service (OPS) has adopted Telestaff, a scheduling system used for daily scheduling management and staff attendance and absences. Management reported being more comfortable accessing reports from the Telestaff system and performing trend analysis i.e., overtime to sick leave. At the time of the audit, all four long-term care facilities were in the process of also implementing Telestaff. Telestaff information is uploaded to SAP biweekly for compensation purposes.

Management indicates that all references to B&D Platoons are only valid in SAP. They further state that Paramedics listed in SAP may (and often) are not aligned with the actual B&D Platoons as managed in Telestaff. Telestaff manages platoon assignments separately and not necessarily in accordance with SAP. If a high percentage of those staff who took sick leave were shown in the sample as reporting to Platoon B&D and are now assigned on the schedule to a different Coordinator, the report would incorrectly reflect a higher absenteeism with that Platoon. The reporting structure in the Paramedic Service differs from other departments within the City where the employee's supervisor oversees a Platoon. The Platoon is based on the work schedule. When an employee changes work schedules, they change Coordinators and Platoons. This was not being captured in SAP when employees changed schedules. Employees will frequently change schedules to maintain balanced staffing levels throughout the year.

However, as the City’s Enterprise-wide Resources Planning System, SAP’s accuracy should continuously and consistently be maintained for all personnel including Paramedics.

The Maintenance Management System is also used to capture attendance and absences of staff through daily activity sheet. It is primarily used by Public Works and Services. The information is uploaded to SAP which is the tool used for reporting.

The City does not generate, publish or provide SAP reports on sick leave e.g., trends analysis to departments. Managers are provided SAP access and formally trained to effectively operate the functions of the City ERP system then left to manage. We found that for the most part managers are not comfortable generating SAP reports and delegate this task when possible. SAP information available to the areas reviewed was not processed into a useful format in order to identify trends in sick leave and institute corrective measures on a timely basis. For example, we found that the information captured by SAP could not be easily analysed for trends without being exported to other software in order to be summarized by day of the week for individual staff. Downloading data from SAP to another software represents an added difficulty for most managers. With the exception of Ottawa Paramedic Service who use Telestaff, areas reviewed did not perform trend analysis. Management of sick leave at the City mostly centers on the AMP requirements.

We reviewed a sample of timesheets from five employees in each area covered and five City wide, we reviewed the number of occurrences where uncertified sick leave days were attached to a statutory holiday or weekend. For the five employees sample from across the City, we found that 64% of sick leave days’ occurrences are attached to weekends.

TABLE 5: UNCERTIFIED SICK LEAVE ATTACHED TO WEEKEND OR STATUTORY HOLIDAY
City-wide Sample

Area	Total Occurrences of Sick Leave (1)	# of Occurrences on a Weekend / Attached to Weekend or Statutory Holiday	%
Para Transpo	13	7	54%
Client Service Centre	3	3	100%
Technology Infrastructure	4	2	50%
Roads, Surface Operations	6	5	83%
Drinking Water	10	6	60%
Total	36	23	64%

(1) Total occurrence may relate to more than one day -- I.e., a Thursday and Friday counts as one

We also found that three of these five employees had greater than their collective agreement’s allowable amount of uncertified sick leave days. Uncertified sick leave

attached to a weekend or statutory holiday for each area reviewed will be reported under their individual sections.

Notwithstanding which of the complementary system is used for the data entry of the absence, all information is eventually uploaded to SAP. As such, management would benefit from developing SAP standard reports to perform trend analysis.

Recommendation 2

That the City create SAP standard reports to assist managers in monitoring, investigating and managing employees sick leave trends.

Management Response

Management agrees with this recommendation and has implemented it.

Standard SAP sick leave reports are now available on Ozone under ManagerInfo > HR Reports > Sick Leave Usage Reports. The availability of these reports was communicated in a Management Bulletin on May 12, 2009.

3.1.4 Reporting of sick leave absences to Payroll

We examined a sample of timesheets for 25 employees: 5 from each of the areas being reviewed and an additional 5 selected City-wide. City employees do not all report their absences and attendance using the same processes. The sample we reviewed included:

- Eight employees on *exception reporting* - These employees submit a signed timesheet to their supervisor after an absence or after additional hours are worked. The signed timesheet should be submitted to Payroll between 5 to 10 days after the absence or additional hours are worked for data entry to SAP;
- Five employees reporting through *Telestaff* - Absences are recorded in Telestaff directly by the employee either by phoning-in or by login to Telestaff through a computer or by a team leader if the employee cannot do either. Telestaff information is sent to Payroll daily for direct entry by Payroll staff into SAP;
- Five employees reporting through *Excel spreadsheet* - Long Term Care uses a manual scheduling system where pay is submitted daily. The Long-Term Care Staffing Coordinator enters the Division employees' absences and attendances on an Excel spreadsheet which is emailed to Payroll Division daily; and
- Seven employees reporting through *Maintenance Activity Sheets*. Employees' absences, attendances and activities are captured on a Maintenance Activity Sheet and submitted to a supervisor to be approved. An Operations Support Clerk MMS enters these on the Maintenance

Management System. The information is subsequently uploaded to SAP. The individual area retains the Maintenance Activity Sheets.

We noted ineffective control over the submission, approval, and capturing of sick leave forms for employees on exception reporting. Although the City has established procedures, we found that lapse times for employees on exception reporting were not always enforced which resulted in inadequate control over submissions. Delays were noted in both employees submitting a timesheet and supervisory signing. In one case, the employee submitted four timesheets during 2007. This resulted in sick leave absences that occurred in January and in March being reported to Payroll Division in June. In addition, we were informed that supervisory/managerial responsibility for the submission of direct reports' timesheets, should an employee be on an extended absence, was not always clear or well understood.

By not submitting a timesheet in a timely fashion, an employee can potentially:

- Be compensated at 100% of his/her salary when in fact, it should be at a reduced rate of 67% (e.g., using second bank of sick leave);
- Not be placed on the AMP or not advance to the next step;
- Draw down on more than their uncertified sick leave allocation, etc.

In four of the five cases we reviewed where employees used Telestaff, we found emails from OPS to Payroll requesting that the leave be coded certified in SAP. At that time, sick leave was only certified by EH&W in SAP upon receipt of an appropriate medical certificate. In our opinion, Payroll should not have certified sick leave based on an email. OPS informed us that in 2002 or 2003, OPS wanted to ensure that sick leave was being actively managed in their area. They met with Health and Wellness and Payroll and agreed on a process to do this. The process was that when an employee called in sick, if they had not met the requirement to produce medical certification, the code "uncertified sick leave" would be recorded into Telestaff. If a medical certificate was provided, OPS would record the sick leave directly into Telestaff as "certified". This information from Telestaff was sent to Payroll on a daily basis and Payroll would key in the appropriate sick leave code provided into SAP. If the sick leave was recorded by the scheduler as "certified" it meant that a medical certificate was provided, which was sent to Health and Wellness for their records. In some instances, OPS would have sent the file with the coding "uncertified sick leave" and then later request that Payroll change the information to "certified" because the medical had been provided. Likewise, if the employee did not provide certification as required, the sick leave would then be sent to Payroll to key in unpaid sick, which would recover the money from the employee. Commencing February 2009 there is an automated load from Telestaff to SAP, which only loads uncertified sick leave.)

In three cases we reviewed where employees used LTC's manual daily spreadsheets, we found that imminent absences were indicated in the "comment"

column of the spreadsheet but not on the daily spreadsheet. Payroll did capture those absences contained in the spreadsheets reviewed.

We also found that LTC required their employees to submit an exception reporting form for absences such as annual leave, special leave, sick leave, etc. However, we were advised that these are not pursued if an employee does not submit them.

Recommendation 3

That the City ensure that employees on exception reporting submit timesheets promptly and remind managers/supervisor of their responsibility to ensure direct reports submit timesheets within the required 5 to 10 days after the leave or additional hours are worked.

Management Response

Management agrees with this recommendation.

Management agrees that all City employees are responsible for submitting their time sheets and leave requests in a timely manner to their supervisors/managers, who are in turn responsible for ensuring that the time and leave is approved and entered into SAP. Managers are also responsible for completing timesheets on behalf of employees who are away from work for more than four consecutive days.

Managers were advised of the importance of submitting time and leave reporting forms in a timely manner in recent communications issued in the spring of 2009 regarding the automated sick leave tracking process. A broader communication to managers and staff is planned for summer 2009 via employee communications and *City Briefs* to outline the same requirement and the benefits of having up-to-date information.

The importance of submitting forms in a timely manner will also be reinforced during New Employee orientation sessions commencing Q3 2009.

3.1.5 Medical Certificates

The City of Ottawa operated under thirteen bargaining units (collective agreements), all with their own distinct rules. Appendix 1 provides a comparison of the requirements for medical certification.

Most City employees are entitled to at least eight days of uncertified sick leave per year at full pay and up to 85 days or 17 weeks per calendar year of certified sick leave. Differences in rules, regulations and wording between agreements add a certain complexity to the management of sick leave.

During 2007, EH&W reported having reviewed in excess of 9,000 medical certificates; 7,000 from departments and 2,000 from OC Transpo. Statistics of reviewed medical certificates were kept by EH&W from January to November 2007 and totalled 6,668 certificates from departments (including Ottawa Public Library

starting in June). However, December 2007 information was not captured as the clerk responsible was on sick leave. Capturing of statistics only resumed in March 2008. We estimate that each of the six OHCs (5 FTEs), would review on average, five or six medical certificates each day.

At present, as was in 2007, as long as no medical information is provided, City employees are to provide their supervisor with a completed City medical certificate form found on Ozone or staple a generic physician completed medical certificate to the City form. For certificates containing medical information, these should be submitted directly to EH&W in a sealed envelope.

We were informed that a pilot project to change the certification of the absence in SAP process was introduced where certificates with no medical information would be provided directly with an employees' timesheet and entered by a data entry clerk in Payroll Division.

Medical certificates should meet certain criteria to be fully satisfactory. These would include:

- Medical certificate completed during the period of absence or submitted within ten days of the start of absence;
- The employee was seen by a physician during the absence, or;
- Was under a physician's care during the absence;
- Medical certificate is completed by a licensed physician;
- States specific dates of absence being certified.

We found that the City has not established clear criteria for denying medical certificates, and accepts very broadly the medical certificate it is provided by an employee's physician. Medical certificates are also not always being promptly provided to EH&W. We also found errors in the processing of medical certificates (i.e., not all dates on notes changed to certified in SAP).

EH&W indicated that some medical certificates found to be unsatisfactory and/or questionable, are nonetheless accepted. EH&W provided us with 25 examples where employees should have provided an appropriate medical certificate and did not. Six employees had not provided any certificates at all. EH&W have introduced a process to identify employees who have not provided the appropriate certificate, however the information may not be timely. Concerns related to medical certificates provided by employees relate to (examples can be associated to more than one category):

- 18 of 25 where the medical certificate was submitted more than 10 days from the start of the absence;
- 6 of 25 were "shopping lists" where one medical certificate is provided by an employee covering multiple unrelated absences under an extended period (months). This practice is more common in Fire Services. (E.g., A

- memo was sent in September to Fire Services employees requesting a medical certificate for previous sick leave days, e.g., from January, February, etc.);
- 11 of 25 where a physician did not see the employee during the illness period and/or not under their care received medical certificates. In some cases, a physician was seen within a relatively short period after the absence/illness. However, in other cases the medical certificate was obtained months later;
 - 2 of 25 where the employee's absences and dates provided on medical certificate differed; and,
 - 1 of 25 where the medical certificate was not dated.

EH&W reported being uncomfortable in assuming an enforcement role. They have crafted a set form outlining to employees the reasons that a medical certificate is unsatisfactory and not accepted. At the time of the audit, this form was not considered a "corporate form" and was not being used consistently. A consistent set procedure should be developed, documented, and communicated covering refusal of notes and follow-up. In addition, responsibility for enforcement also needs to be clearly established.

Employees should obtain any required medical certificates during the period of absence, or the certificate must note that the employee was seen by a physician or was under the care of the physician during the absence. Per their individual collective agreement, employees are required to submit medical certificate within a set time line; usually 10 days of the start of the absence. Although there is a set time line for an employee to provide a medical certificate in, we found that there was no limit date where these would no longer be accepted. We found that medical certificate are at times requested and provided for absences that occurred six months earlier. In our opinion, these should not be accepted.

A recurring theme during interviews related to concerns that some physicians seem lax and will provide employees with medical certification even when they have not seen the employee during the period of illness/absence. EH&W believes that the City needs to clearly define what is considered an "acceptable and satisfactory" medical certificate, and that language regarding this issue needs to be incorporated into all collective agreements. This would allow EH&W to easily review and determine whether a medical certificate is deemed to be satisfactory.

Recommendation 4

That the City ensure that all employees provide the required satisfactory medical certificates to EH&W within the prescribed number of days, as stipulated by individual collective agreements and that the City not pay these absences until a satisfactory medical certificate is received.

Management Response

Management agrees with this recommendation.

Management agrees that it is an employee's responsibility to submit satisfactory medical certificates in a timely manner to their manager, to whom falls the responsibility for accepting or rejecting the certificates on the basis of established criteria and ensuring satisfactory certificates are forwarded to EH&W for inclusion in the employee's medical file.

Management also agrees that it is a manager's responsibility to ensure that approved, certified sick leave is entered into SAP for payment only after a satisfactory medical certificate has been received and approved per the applicable collective agreement.

Recent improvements have been made to the sick leave tracking process. Since May 2009, managers have been receiving emails advising them when their employee(s) sick leave has been entered into the SAP system and that a medical certificate is required. This allows the manager to better manage the certification process and to ensure that sick leave is appropriately approved and paid

By September 2009, if an employee submits time sheets for uncertified sick leave and his or her uncertified sick leave is exhausted, the time submitted will automatically revert to unpaid sick leave if a medical certificate has not been submitted and approved to support certified sick leave.

OAG COMMENT: The OAG considers that this recommendation should be forwarded to the Audit, Budget and Finance Committee for discussion.

Recommendation 5

That the City document and communicate a policy/procedure/guideline clearly stating the criteria when a medical certificate will be deemed unsatisfactory and will not be accepted, (e.g., listing of an employee's absences in more than one period; doctor's medical certificate where the employee was not seen by the doctor during the absence; medical certificate for an absence which occurred at a much earlier date, etc.) and that responsibility for refusal of a medical certificate be clearly established.

Management Response

Management agrees with this recommendation.

Management will establish and document criteria for acceptable medical certificates, and communicate it to management, employees and unions by Q4 2009.

Recommendation 6

That Employee Health and Wellness ensure that medical certificates are appropriate and meet the City's requirements and be given the final authority to challenge medical certificates.

Management Response

Management partially agrees with this recommendation.

Management agrees that only those medical certificates that meet established criteria are to be accepted for substantiating sick leave (criteria to be formalized as outlined in Recommendation 5).

However, management disagrees with the suggestion that EH&W has the responsibility and final authority for the approval of medical certificates: this is the responsibility of managers.

EH&W will establish the criteria for acceptable medical certificates based on their expertise and recognized industry practice, and will continue to provide guidance to management in the application of the criteria in support of managers' responsibility to approve leave and manage the attendance of employees. Going forward, managers will be reminded of their responsibility for approving all types of leave (including sick leave), and will be provided training in support of this responsibility.

OAG COMMENT: The OAG considers that this recommendation should be forwarded to the Audit, Budget and Finance Committee for discussion.

Recommendation 7

That Employee Services ensure that employees be advised of those certificates, which are found unsatisfactory and that a consistent follow-up process occur to get a satisfactory certificate.

Management Response

Management agrees with this recommendation. EH&W already undertakes this practice on a regular basis.

Under the newly implemented process, the responsibility for follow-up will be with managers/supervisors with support from EH&W. The May 12, 2009 Management Bulletin regarding the new sick leave tracking process explained to managers their responsibility for contacting employees to remind them of the need for medical certificates once they have exhausted their uncertified sick leave entitlements. This has also been reinforced during management briefing sessions held in conjunction with the management bulletin.

Management will ensure that the communication to managers under recommendation 5 also reminds managers/supervisors of their responsibility to follow up on their employees' outstanding satisfactory medical certificates.

Employees will also be reminded of what constitutes a satisfactory medical certificate.

3.1.6 Medical Certificates Filed in Employees' Medical File

Testing to assess and confirm that medical certifications had not been received by EH&W for sick leave uncertified in SAP was performed. Due to the confidential nature of medical certificates, the testing was done in conjunction with an OHC. We reviewed a separate sample of 24 absences where a medical certificate should have been received from the employee but SAP indicated that it had not. We found:

- 12 medical certificates were found on file (or 50%) and had not been certified in SAP, but should have. Of the 12, 4 had multiple changes of coding (from uncertified to certified to uncertified) which may indicate a possible data entry error.
- 3 or 12.5% were unsatisfactory due to lack of dates and one was a fax; and,
- 9 or 37.5% had no medical certification on file; (although of the nine, two Medical Assessment Forms were reported to be on file).

In 2007 medical certificates were initially received by the division's assistant, sorted and provided to the appropriate OHC for review. Once the review was completed, the OHC would return the medical certificate to the assistant for the leave to be changed from uncertified to certified in SAP prior to being filed. No verification process was in place to ensure that medical notes were not filed before being certified in SAP.

Recommendation 8

That Employee Services ensure that those certificates, which are received and satisfactory, are promptly and accurately entered in SAP.

Management Response

Management partially agrees with this recommendation.

Management agrees that the receipt of satisfactory medical certificates should be promptly and accurately recorded in SAP.

However, management disagrees that this is a responsibility of Employee Services (Human Resources): ensuring that time/leave is approved and properly submitted is a management responsibility. Accordingly, managers are responsible for accepting or rejecting medical certificates based on established criteria, and for approving employee time/leave in accordance with the applicable collective agreement or policies through the established processes.

As part of the current time/leave automation project, the capability for management to indicate their approval of medical certificates while entering the corresponding time/leave will be developed by Q4 2009.

OAG COMMENT: The OAG considers that this recommendation should be forwarded to the Audit, Budget and Finance Committee for resolution.

3.1.7 Recovery of Compensation for Uncertified Sick Leave Day In-Excess to Allocation

As will be discussed in each individual sections, three of the four areas reviewed in detail, had considered recovering compensation for uncertified days taken by employees, which were in excess to allocation provided under individual collective agreements. Of these, Ottawa Paramedic Service and Traffic Operations have performed recoveries but EFA Centre Central and Centre d'Accueil Champlain have not.

There are specific issues to be considered and clarified in relation to recoveries. Specifically, the City needs to ensure that all satisfactory medical certificates are being certified in SAP before being filed in an employee's medical file; that a lapse period should be identified so that reversals of recovery of compensation not result in a strain of Payroll Division resources; and, that the practice be implemented City-wide to ensure consistency between all employees of a same bargaining unit.

The City's collective agreements are clear in terms of uncertified sick leave days allocated to employees. In the 2006 Audit of the Financial Control Environment, management disagreed with our recommendation to "review SAP design and configuration to assess the viability of restricting uncertified sick leave days in excess of allowable limits" stating it was "the responsibility of all managers to ensure that staff are providing a doctor's certificate within the required timelines". Recovery of excess days, for those days where no proper medical certificate is provided should therefore be instituted City-wide and consistently.

In both Ottawa Paramedic Service Branch and Traffic Operations Division, where recoveries were carried out, employees were advised that recovery of compensation would take place should they not provide a satisfactory certificate by a set date. Ottawa Paramedic Service advised us that recovery of compensation recovery had been reversed because an employee subsequently provided a medical certificate for the absence. Compensation recoveries may become an incentive for staff to provide medical certificates in a timely manner.

Recommendation 9

That the City determine the length of an appropriate wait-period/final date after which it will no longer accept medical certificates.

Management Response

Management agrees with this recommendation and has established this standard.

The City's new automated sick leave tracking system, introduced in May 2009, established 10 working days (plus seven calendar days to allow for travel time) for the medical certificate to be received by EH&W.

Employee Services (Human Resources) will work with Labour Relations, Payroll and the City's unions to establish and communicate these criteria in Q4 2009.

Recommendation 10

That the City establish a process to advise employees that recovery of compensation will take place in the absence of an appropriated medical certificate; and, that the City recover compensation for uncertified absence in excess of collective agreements bank consistently City-wide.

Management Response

Management agrees with this recommendation. This process is currently in place.

Management explored the automation of sick leave tracking and such a system was found to be achievable. Accordingly, through 2009, the City is implementing an automated sick leave tracking system for the majority of the organization. This will ensure that sick leave in excess of entitlements allowed in the collective agreements are automatically recovered if employees do not supply medical certificates in a timely fashion per the applicable collective agreement. ATU 1760 and IATSE are currently in a statutory freeze (due to bargaining) and will be implemented at a later date.

In May 2009, communications via Ozone and through regular inter-office mail were sent to all managers and employees regarding the recovery of compensation in the absence of valid medical certificates.

It is expected that the practice will be implemented corporate-wide once discussions take place with the unions, which is anticipated to be by the end of Q1 2010.

3.1.8 Top-up and top-down of sick banks in SAP

In our 2006 audit of the Financial Control Environment, we reported that SAP had not been fully programmed to eliminate and/or reduce the number of manual processes which staff are required to conduct. One of these processes relates to the top-up or top-down of short-term sick banks being performed by OHC.

3.1.8.1 Top-up and top-down of short-term sick banks

The City's collective agreements provide for limits establishing the number of weeks compensated to an employee at full salary based on length of services. On January 1 of each year, staff with service of 10 years or greater are provided a bank of 17 weeks or 85 days of sick leave days. These 85 days are compensated at 100% of the employee's salary. In addition, an employee can access a second bank of 17

weeks or an additional 85 days, which would be compensated at 2/3 of the employee's salary, if the sick leave is for a different illness.

Top-up of short-term sick bank

Top-up is required when an employee draws on two or more banks of short-term sick leave days.

For example, an employee draws down $\frac{3}{4}$ of his/her yearly bank (64 days) for an illness. If, in the case of CUPE 503, the employee meets the collective agreement provision that thirty calendar days have elapsed¹ (this could be through annual leave, unpaid leave, working $\frac{1}{2}$ days) and the employee relapses for the same condition for an additional 50 days, the employee would be fully compensated for the first 21 days or to the end of that year's bank at full salary. At that time, EH&W are required to manually replenish or provide the employee with a second bank to cover the remaining 29 days. These 29 days are compensated at 2/3 of the employee's salary.

However, if one day after the employee returns to work the employee suffers from a new/different condition and falls sick for another 60 days, the first 56 days of that absence is covered by the second bank and EH&W would manually replenish the employee with a third bank.

During 2007, 131 employees required a second bank.

Top-down of short-term sick bank

Top-down of *short-term sick bank* is required when an employee goes on short-term sick leave at the end of the year and the leave extends to the new-year.

For example, an employee goes on sick leave in mid November for a particular condition and uses 30 days of leave. Although the employee is provided a new bank of 85 days on January 1st, only 55 days of this bank can be used for this condition. EH&W would require to be aware of this condition and manually decrease the bank to ensure no more than 85 days is taken for the illness. Timeliness in which sign-in sheets are provided to Payroll Division is imperative for a manual flag to occur. Unless this manual top-down occurs, an employee can continue to be paid at full pay. In the case were the employee bank was not decreased, recovery of compensation should occur. We were informed that there has been occasion when recoveries did not take place.

However, if the employee then suffers from another unrelated condition later in that year, EH&W would manually replenish the 85 days of the employee's bank.

¹ CIPP: thirty working days have elapsed from the return to work

Recommendation 11

That the City explore possible automation of the top-up and top-down of employees sick leave banks to ensure compensation is at the appropriate rate.

Management Response

Management agrees with the intent of this recommendation, but has determined that automation would not be cost effective.

The City explored automating the top-up and top-down of sick leave during the IBS project in 2003-04. Given every top-up/top-down situation is unique and the numerous variables associated with it, it was determined that the actual top-up and top-down would be very difficult to automate and would not be a cost-effective solution.

However, the City acknowledges that there was a gap in the process. As such, effective May 1, 2009, Employee Health and Wellness and Payroll implemented a new process for top-ups and top-downs with appropriate controls and sign-offs in place: Payroll is now responsible for all top-ups and top-downs in SAP, as directed by EH&W; all top-ups require the approval of the program manager, EH&W; and, Payroll validates all pay adjustments as a result of top-ups and top-downs to ensure accuracy.

Recommendation 12

That the City institute a process to ensure that any over compensation, where an employee should have been paid at 2/3 of salary is promptly recovered.

Management Response

Management agrees with this recommendation.

Further to the new top-up/top-down process described in management's response to Recommendation 11, an SAP report will be developed by Q4 2009 and incorporated in a review process to ensure that employee banks are topped down as required. The majority of overpayments are automatically recovered through SAP. Where the employee does not have sufficient funds to make the recovery, the employee is contacted by Payroll to make arrangements to recover per the Payroll Guidelines for Recovery of Overpayments.

3.1.9 Accommodations/Modified Work

Based on interviews, we understand that at times, employees do not need to remain at home on sick leave and could return to work provided modified work is given. The City has a legal requirement to accommodate to undue hardship. A shift in organizational culture is necessary in this area, both on the part of employees as well as of the administration.

An accommodation may be permanent or temporary. As mentioned, issues with accommodation, stem from both employees and employer. Specifically, to an

employee's perspective, we were informed that some staff may prefer not to be accommodated and to remain at home although they could perform modified work. In other cases, the work offered may be perceived by the employee not to be suitable. In other cases, when the accommodation offered is within another unit, the employee may lose their seniority for vacation, etc., which may not be acceptable to him/her. Conversely, we were informed that there have been occasions where accommodation was provided and the employee preferred the "accommodation" to their substantive position, and would rather not return.

From an employer's perspective, certain areas, such as bus operators, have access to very little or no modified work within the unit. Accommodation would therefore need to be in another area, which effectively decreases that area's "modified work" opportunities. We were informed that inevitably, in some cases it is plainly easier and/or less problematic for the manager/supervisor not have the employee come to work.

Recommendation 13

That the City treat accommodations as a corporate initiative and that staff that can perform modified work be accommodated.

Management Response

Management agrees with this recommendation.

A significant number of employees are accommodated in modified work at the City every year, as a result of either work-related or non-work-related injuries or illnesses. Management acknowledges that there is always room to improve program performance and that increasing the awareness and understanding of both management and employee responsibilities is an important part of this process.

Occupational Health and Wellness will address the need for broader awareness and understanding as a component of a broader wellness strategy that is scheduled for Senior Management Committee (SMC) approval and implementation in Q2 2010.

Recommendation 14

That the City prepare an inventory of modified duty positions and match employee capabilities to available work in order to provide timely and effective returns to work for all employees who are partially disabled, or are returning to work from sick leave with temporary restrictions.

Management Response

Management agrees in principle with this recommendation.

While management agrees with this recommendation in principle, they also realize that a "modified duty" position may not always be suitable for every

employee's limitations. Quite often, employees are accommodated in their own position with changes made to accommodate their temporary or permanent limitations and precautions. Therefore, attempting to prepare a modified duty position "inventory" for the City would not be practicable or feasible. However, management agrees to create an inventory of the positions that are currently most frequently used to provide modified work for employees returning from sick leave, along with any job demands analyses that may have already been completed for these positions.

As part of Recommendation 13, EH&W, along with management representatives, will be tasked with commencing the development of a Citywide inventory of modified duty positions. The stakeholder team will begin by identifying and documenting an inventory of the positions that are currently most frequently used to provide modified work for employees returning from sick leave, along with any job demands analyses that may have already been completed for these positions by Q2 2010.

3.1.10 Clarification of Roles and Responsibilities

OH&S division is the lead Centre of Expertise involved in the management of sick leave absences since the administration of the Attendance Management Program, and the provision of disability case management services falls under this division. The EH&W unit of OH&S plays a dual role: one of wellness promotion, and one relating to disability case management.

In 2007, as EH&W worked at establishing a Return to Work program document, they retained Mercer Human Resources Consulting (Mercer) to review the City's medical case management process. Mercer was to provide a comparison with best in industry practices in case management of short-term disability to confirm the City was heading in the right direction.

EH&W reportedly used the report and reflected most of its recommendations in their "Disability Management - Return to Work program". A finding that was shared by departments and Mercer and that EH&W does not support is that they take a greater oversight role in managing disability case. Opposition stems from the negative connotation associated with controlling sick leave. EH&W also believe their time would be better spent on promoting wellness.

Occupational Health Consultants (OHC) feel that corporate policies do not clearly define the roles of the OHCs, managers and Labour Relations in the sick leave management process. The Employee Health and Wellness (EH&W) unit perceives that some employees look at short-term sick leave as a benefit owed to them and not as a form of insurance to be used for bona fide short-term disability. Managers across the City share this view. There is a perception that as long as an employee provides a medical certificate from a doctor, which has been accepted by their manager, very little can be done to manage the sick leave. OHCs report that they

do not feel supported when they determine that the medical information provided does not support an employee's sick leave, and that they are often unclear as to what Labour Relations and Legal expect from them when preparing for sick leave-related grievance or arbitration proceedings. They also report that they are often requested to seek/provide information that could violate their nursing code of practice. OHCs are also uncomfortable attending grievance/arbitration hearings alongside LR and Legal, jeopardizing their ability to appear somewhat neutral in the disability case management process, and to fulfill their other wellness role with employees.

In our opinion, for the City to decrease its sick leave levels, EH&W will need to assume an oversight role in addition to its present advisory role.

Labour Relations is involved in an "after the fact" capacity unless sick leave is identified as culpable. For example, LR will participate once an employee has reached step four during the case review process of AMP.

During interviews with the OHCs, the uncertainty over roles in preparing for sick leave-related grievance and arbitration proceedings was identified as a contentious issue. This, coupled with a perceived lack of communication between LR and EH&W, results in uncertainty over what is required from EH&W to ensure (the City's) success in grievances and arbitrations. . The physical separation of EH&W and LR was also identified as a challenge to working together as a team on cases.

The roles and responsibilities of employees, managers and supervisors and Employee Services in relation to the sick leave management process all need to be clarified. Many managers believe that their responsibility in sick leave management primarily centers on meeting the Attendance Management Program's requirements.

As previously mentioned, we were informed that supervisory/managerial responsibility for the submission of direct reports' timesheets, should an employee be on an extended absence, was not always clear or well understood. For example, a 2008 fraud and waste report highlighted a case where a manager had not tracked, enforced nor submitted timely timesheets for an employee's absence on four individual occasions totalling 27 days of sick leave. All 27 sick leave days are uncertified in SAP, contravening both the requirement to obtain a medical certificate after greater than four consecutive days of sick leave, and the requirement to certify those days after eight days of uncertified leave during the year. The manager did not appear to have taken appropriate steps to manage the attendance of this employee and ensure that time off was properly and timely recorded and days requiring certification certified. This mismanagement extended to other types of leave.

Interviewed stakeholders, expressed a high regard for both the Occupational Health Consultants, EH&W and Labour Relations Centres of Expertise. Their recurring

concern related to wait times for advice due to their assigned consultants' portfolio size. EH&W were particularly thought to be under resourced.

Recommendation 15

That the City clarify the roles and responsibilities of employees, managers and/or supervisors and of the Centres of Expertise, e.g., EH&W, LR, Payroll, etc. in relation to the sick leave management process.

Management Response

Management agrees with this recommendation.

Roles and responsibilities for employees, managers, supervisors and Human Resource (Employee Services), Labour Relations and Payroll are clearly set out in the AMP Procedures. Roles and responsibilities are also set out in the Return to Work Program document.

Representatives from Employee Services (Human Resources), Labour Relations, Legal Services and Payroll will review the current sick leave management process roles and responsibilities to identify any areas that require modification or clarification. Once identified, the required changes will be made to the affected documents and communicated to managers and staff by Q1 2010.

3.1.11 Management of Sick Leave

In order to ascertain how occasional/short term sick leave and the AMP were managed across the City, we reviewed four areas across the City where sick leave was high. Each of these, had very different processes in 2007 starting with the capturing of sick leave: EFA Centre Central Division exception reports by sending timesheets to Payroll Division for input; Centre d'accueil Champlain Division provides a daily schedule created by the Staffing Coordinator, Long-Term Care which is sent to Payroll Division for input of absences and attendance (scheduled to change with the implementation of Telestaff); Traffic Operations use daily Maintenance Management Activity Sheets which captures absences and attendance and is inputted within the division; and Ottawa Paramedic Service use Telestaff, a daily scheduling system to input absences and attendance.

3.1.11.1 EFA Centre Central Division.

Employment and Financial Assistance Centre, Central Division is one of four centres that offers access to employment and financial supports, resources and opportunities by assisting clients to become job ready, find and maintain employment, reduce reliance on social assistance, become financially independent, remain in their homes, and contribute to the overall prosperity of the community.

Management stated that high stress from the workload, public environment, communicable diseases, and a higher percentage of female workers are the main causes of occasional, short-term sick leave. In management's opinion, improving

staff morale, and, investments in staff whether through training or better work balance may decrease sick leave. In 2007, EFA Centre Central Division incurred 2,547 days of sick leave.

TABLE 6: EFA CENTRE CENTRAL DIVISION 2007 SHORT-TERM DISABILITY STATISTICS
SAP data as at July 17, 2008

Org. Unit Identification	Org. Unit Description	Absence Days	Absence Hours	Head Count	Average Day per Headcount
10001039	EFA Central District Office	1,837	12,862	103	18
10001048	ERA Central Unit	314	2,195	16	20
10001060	Domiciliary Hostel Services	59	415	10	6
10065698	ASI Central Unit	12	81	3	4
10077506	EHSS Program Delivery	292	2,046	8	37
10077507	Home help Program Delivery	33	230	2	16
Totals		2,547	17,827	142	18

EFA Centre Central Division reportedly tries to proactively manage sick leave. However, there are no benchmark or established targets for decreasing sick leave. Hence progress cannot be measured. This position held true by all interviewed during this audit.

EFA Centre Central Division's practices regarding sick leave focused mainly on the administration surrounding sick leave (e.g., submission of timesheet) and were insufficient in addressing the proactive management thereof. Efforts were found to be focussed on AMP and getting sick leave greater than the allowable bank certified. Each supervisor has established their own tracking system for the absences of employees they are responsible for. These range from an Excel spreadsheet to a desk calendar. Tracking was to ensure that timesheets were provided for absences but were ineffective in ensuring leave is certified. Management reported that because employees can provide the medical certificate directly to EH&W, supervisors may not be aware that an employee has sent a form in. Confirmation that a medical certificate was provided to EH&W cannot be verified as SAP access to specific employee sick leave information report is not provided to supervisors. Access to these reports would enable supervisors to effectively manage employees' certification of sick leave, possible trends in absenteeism, etc. This issue was previously raised in the 2006 Audit of Employment and Financial Assistance. Supervisors can only access reports for their direct reports by requesting them from the district manager who would instruct the assistant to run them. As supervisors are initially responsible for their subordinates' sick leave, SAP access should be provided to support them in that role.

Timeliness issue was noted in the submission of timesheets in both staff providing the timesheet to a supervisor and the supervisor signing off the timesheet and submitting it to Payroll. We also noted inefficiencies in supervisors photocopying a timesheet in order to keep a copy on site prior to submitting it to Payroll. Timesheets are readily available from Payroll Division should concerns over leave taken ever arise. Providing supervisor with SAP access would also remove the need to photocopy timesheets.

There was evidence that the district manager and/or his assistant generated SAP reports to monitor sick leave taken. In 2007, reports to ensure that employees certified sick leave after eight days of uncertified were ran and reviewed for the district on three occasions: February 26, June 26 and, September 21. Management stated it was the responsibility of each individual employee to certify sick leave. There was evidence that staff approaching or which had greater than eight days uncertified were highlighted for follow-up on these reports. However, no reports were ran after September 21, when employees would be closer to or have reached their uncertified sick leave limit.

Our analysis to the SAP 2007 data revealed that in 19 cases, uncertified sick leave had been exceeded (employees who had taken greater than eight days uncertified sick leave as stipulated in the collective agreement) totalling \$17,420. Of these, four had greater than four days consecutive uncertified sick leave. No proof of any investigation of greater than eight days uncertified sick leave was provided. As a sample, we requested that EH&W review the employees' human resources file for four of these employees to verify if medical certificate had been received. In two cases, medical certificates were on file, were satisfactory, but the leave was nonetheless never certified in SAP; in another case the medical certificate on file was a fax (original certificates are required) and in the last case no note was found on file.

In order to determine possible trend, we reviewed employees with greater than five days of sick leave in 2007 with greater than 35% of this leave on a specific weekday. Results indicated that 27 employees met both criteria. We did not find any evidence that EFA Centre Central Division performed any trend analysis and/or investigation of possible patterns.

In addition, as part of our sample of timesheets from five employees in each area reviewed, we examined the number of occurrences where uncertified sick leave days were attached to a statutory holiday or weekend. For the five EFA Centre Central Division employees, we found that 56% of sick leave days' occurrences are attached to weekends.

TABLE 7: UNCERTIFIED SICK LEAVE ATTACHED TO WEEKEND OR STATUTORY HOLIDAY
EFA Centre Central Division

<u>Total Occurrences of Sick Leave</u> (1)	<u># of Occurrences on a Weekend / Attached to Weekend or Statutory Holiday</u>	<u>%</u>
2	1	50%
6	1	17%
6	5	83%
7	5	71%
6	3	50%
27	15	56%

(1) Total occurrence may relate to more than one day -- I.e., a Thursday and Friday counts as one

For the entire Employment and Financial Assistance Branch, we compared the short-term sick leave of employees residing at a same address. Of the 728 EFA Branch employees, we found 48 employees residing at the same address. Of these, 50% (24 employees) were absent on a same day at least once during 2007. The following examples may be an indicator of misuse of sick leave and should be reviewed.

TABLE 8: EFA EMPLOYEES RESIDING AT THE SAME ADDRESS ON SICK LEAVE ON THE SAME DAY
SAP data as at July 17, 2008

# of Addresses/ Pairs of Employees	Staff No. 1			Staff No. 2			Number of time Both on same day
	Division	2007 Sick Leave Days	% off with other person	Division	2007 Sick Leave Days	% off with other person	
Both employees in the same unit							
1	EFA Central	16	69%	EFA Central	25	44%	11
2	EFA East	20.65	44%	EFA East	61.18	15%	9
Both employees in different units							
3	EFA East	20.01	50%	EFA South	25	40%	10
4	EFA East	8.21	49%	Employment Dev.	6.5	62%	4

Recommendation 16

That EFA Centre Central Division’s supervisors perform quarterly analysis of sick leave including, but not limited to:

- Implement follow-up of uncertified sick leave or alternately not pay any absence greater than the collective agreement allocation unless certified;
- Implementing a follow-up of greater than four day uncertified sick leave;
- Determine trend in weekday usage and investigate as required, and,

- **Investigate all occurrences of sick leave taken by two employees residing at a same address.**

Management Response

Management agrees with this recommendation. This practice is currently in place.

The EFA Central division has implemented an enhanced quarterly review process (Q1 2009) of sick leave for staff identified as exceeding the collective agreement allocation or the four day uncertified sick leave allotment. This review is done on the 30th day of the last month of each quarter. Each manager's administrative assistant produces the report for the manager's review and dissemination as required.

Staff that were in either of these categories were identified and follow-up was completed, the results of which included not being paid or the creation of an overpayment; both of which were done in consultation with Labour Relations.

While managers/supervisors are to maintain their individual leave tracking and follow-up processes with staff, the new automated tracking system (that alerts the manager or supervisor of uncertified sick leave days exceeding the allotment) will assist management in the monitoring and follow-up process.

SAP quarterly analysis will also include trends in weekday usage and occurrence of sick leave taken by two employees residing at the same address. The HR consultant will complete the analysis on the 30th day of the last month of each quarter and forward it to the manager for review and follow-up with the management team. Any further investigations of staff will be done in consultation with Labour Relations.

Recommendation 17

That EFA Centre Central Division ensure that SAP access of sick leave report be made available to managers/supervisors with direct reports. These supervisors should also receive SAP training on how to obtain the required information.

Management Response

Management agrees with this recommendation.

Management agrees that managers/supervisors with direct reports should have access to key human resource reports, such as sick leave, for the purpose of monitoring, analysis and follow-up.

The recent and future enhancements of having these reports available to managers/supervisors through the Management Self Serve (MSS) application on Ozone will enable staff and supervisors to monitor and update their records easily and efficiently from their desktop.

Human Resources continue to update the functions of MSS. Some management staff attended the HR Automation update and training on the new enhancements. Additional training and support will be offered to ensure all managers and supervisors are trained on the tools and reports by Q3 2009.

3.1.11.2 Long Term Care: Centre d'accueil Champlain Division (Champlain)

Centre d'accueil Champlain Division is a long-term care residence dedicated to serving the francophone community. It can accommodate 160 residents, on four units with 40 beds in each unit.

Management stated that illness related to high levels of stress; the environment - communicable diseases; physicality of the profession; and the 24/7 nature of the operation. In 2007, Long Term Care: Centre d'accueil Champlain incurred 1,801 days of sick leave.

TABLE 9: CENTRE D'ACCUEIL CHAMPLAIN DIVISION
2007 SHORT-TERM DISABILITY STATISTICS
SAP data as at July 17, 2008

Org. Unit Identification	Org. Unit Description	Absence Days	Absence Hours	Head Count	Average Day per Headcount
10000093	Centre D'Accueil Champlain	29	218	2	15
10000123	Recreation & Leisure Unit	106	796	6	18
10000124	Resident Care Sect.	1,178	8,593	116	10
10000128	Resident Care Unit	154	1,155	22	7
10000129	Environnemental Support Servs. Unit	256	1,920	16	16
10000130	Environnemental Support Servs. Sect.	57	430	4	14
10000254	Day Centre Sect.	20	141	3	7
Totals		1,801	13,251	169	11

Management indicated that monitoring of average sick days is performed at the branch level to ensure levels are comparable across the City's long term care residences and long term care industry benchmarks. Comparisons to previous year's levels are also performed. Statistics, which were provided to Champlain, related to average sick days by bed in the residence as oppose to by employee.

Champlain's practices regarding sick leave focused solely on AMP. Long Term Care Branch's employees do not use timesheets for exception reporting. Their absences are captured on a daily pay register. In 2007, the staffing coordinator performed daily time reporting to Payroll Division. This process is manually intensive. When an employee scheduled for a shift calls-in sick, the absence are firstly recorded in a "communication log", then changed on a pre-printed schedule. The schedule is the basis for the preparation of the daily pay register.

The staffing coordinator uses the previous day's register, deletes the information, and gets the program administration clerk to manually enter the codes for the absences and shift replacements. The staffing coordinator does not report absences to the program manager unless sick leave is repetitive; the employee had been refused the time off and called-in sick; or, the absence covers an extended period of time. However, management reported stopping daily by the front reception to enquire about the previous shift (evening shift) and asks about any concerns for that day.

The staffing coordinator stated that employees are asked to provide signed timesheets for absences, e.g., annual leave, sick leave, etc., but that there is no follow-up if timesheets for sick leave are not submitted. We reviewed a sample of six employees' file and found that:

- one employee had submitted all but one of the required timesheet,
- one employee had one timesheet, and,
- four had not put in a timesheet for the sick leave.

Conversely, timesheets for other leave, such as, annual leave, special leave, etc. were in employees' files.

SAP access is provided to the staffing coordinator (who reports to the manager, Long Term Care Support); the program manager and administrator, Long Term Care. Although there was evidence that SAP was used, it was with limitation. The managers did not have access to resources that other areas reviewed fall upon to generate reports. Reports generated were for AMP purposes and not for continuous, routine monitoring of sick leave absences.

We did find evidence of attempts at getting medical certificates from an employee, though these were not timely. In February 2008, attempts were made relating to July, October and November 2007 absences. We also found evidence that recovery of compensation of days in excess of allowable limits of the collective agreement were considered, however no recovery took place.

Our analysis of the SAP 2007 data revealed that in 13 cases representing \$24,595, uncertified sick leave had been exceeded (employees who had taken greater than eight days uncertified sick leave has stipulated in the collective agreement). Of these, six had greater than four days consecutive uncertified sick leave. No proof of any investigation of greater than eight days uncertified sick leave was found. Again, we sampled seven files, where leave had not been certified, by requesting that EH&W review the employees' human resources file. In three cases, satisfactory medical certificates were on file, but the leave was nonetheless never certified in SAP and in four cases no medical certificate was found on file.

Result of our trend analysis of employees with greater than five days of sick leave in 2007 with greater than 35% of this leave on a specific weekday indicated that 33

employees met both criteria. We did not find any evidence that Champlain performed any trend analysis and investigation of possible patterns.

At the time of the audit in June 2008, Long Term Care Branch was in the process of implementing Telestaff in all four residences. All staff interviewed felt that the Telestaff system would be more user-friendly and would better assist them in the day-to-day management of the personnel and their absences. Champlain was scheduled for fall 2008 implementation.

Implementation of Telestaff for Centre d'accueil Champlain may poses additional SAP challenges as Ottawa Paramedic Service who use the system are required to reconcile absences monthly from both systems to ensure accuracy. In addition, the new system will nonetheless require a certain amount of technological proficiency.

In addition, as part of our sample of timesheets from five employees in each area reviewed, we examined the number of occurrences where uncertified sick leave days were attached to a statutory holiday or weekend. For the five Centre d'accueil Champlain Division employees, we found that 63% of sick leave days' occurrences are attached to weekends.

TABLE 10: UNCERTIFIED SICK LEAVE ATTACHED TO WEEKEND OR STATUTORY HOLIDAY
Centre d'accueil Champlain Division

<u>Total Occurrence of Sick Leave</u> (1)	<u># of Occurrences on a Weekend / Attached to Weekend or Statutory Holiday</u>	<u>%</u>
3	3	100%
6	4	67%
7	4	57%
5	3	60%
9	5	56%
30	19	63%

(1) Total occurrence may relate to more than one day -- I.e., a Thursday and Friday counts as one

For the entire Long-term Care Branch, we compared the short-term sick leave of employees residing at a same address. Out of 947 employees, we found 52 employees residing at the same address. Of these, 23% (12 employees) were absent on a same day at least once during 2007. In all cases, employees were absent concurrently less than four days during 2007.

Recommendation 18

That Centre d'accueil Champlain Division clearly define and assign responsibility for day-to-day management of sick leave and routinely monitor short-term sick leave absences in addition to the twice-yearly AMP review.

Management Response

Management agrees with this recommendation.

The program managers at Centre d'accueil Champlain are responsible for day-to-day management of sick leave. The Long-Term Care Branch is presently in the process of implementing the Telestaff automated staff scheduling system at Centre d'accueil Champlain to support managers in their routine monitoring of sick leave. The Telestaff system is implemented in three of the four long-term care homes and staff anticipates it will be fully implemented at Centre d'accueil Champlain by Q3 of 2009.

Recommendation 19

That Centre d'accueil Champlain Division perform trend analysis for individual employees using either SAP or Telestaff and investigate possible trend.

Management Response

Management agrees with this recommendation.

The Telestaff system provides regular sick leave reports to program managers to assist them in their ongoing monitoring of sick time and to improve trend analysis.

With respect to the findings of sick leave days attached to weekends, it is important to note that long-term care staff work every second weekend. Consequently, Mondays and Fridays are not necessarily attached to a "weekend" for these employees.

The Telestaff system is implemented in three of the four long-term care homes and staff anticipates it will be fully implemented at Centre d'accueil Champlain by Q3 2009.

3.1.11.3 Traffic Operations: Signal Design and Specification (formerly Signals/ Data/Video Camera)

Traffic Operations: Signal Design and Specification provide safety to the community by maintaining traffic control signals, street lighting system, etc.

Management stated that illness related to seasonality/the environment, emotional and personal stress caused by internal organizational politics with negative effect on morale. In management's opinion, changes required to improve staff morale was taken which management believes will have a positive effect in decreasing 2008 sick leave. At midyear (June 30, 2008) sick leave absences were at 48% of total 2007 absences. Measures taken had not yet reaped the desired effect.

In 2007, Traffic Operations: Signal Design and Specification (formerly Signals/Data/ Video Camera) incurred 767 days of sick leave.

TABLE 11: SIGNAL DESIGN AND SPECIFICATION 2007 SHORT-TERM DISABILITY STATISTICS

SAP data as at July 17, 2008

Org. Unit Identification	Org. Unit Description	Absence Days	Absence Hours	Head Count	Average Day per Headcount
10001336	Signals/Data/Video Camera	767	6,137	39	20
Totals		767	6,137	39	20

In September 2007, the Traffic Operations Branch underwent an organizational change where the Signals Data and Video Unit was dismantled and the portfolio and FTEs realigned as follows:

- Traffic Control Systems & Networking Unit - camera technicians, 2-3 FTEs
- Traffic Engineering & Control Unit - intersections technicians, 10-12 FTEs
- Signal Design & Installation Unit - s-relamper, maintenance workers, 35 FTEs

It was reported that the program manager in the position until the fall of 2007 used SAP systematically and monitored his direct reports' sick leave. We were informed that being frustrated by the SAP functionalities that do not prevent the drawing down of uncertified leave over the allowable collective agreement limits, the program manager drafted an uncertified sick leave procedure and instituted the recovery of compensation for uncertified days greater than the allowable limit, which is still in effect. Staff are given notice that compensation for those days uncertified over the allowable limit will be recovered unless a medical certificate is provided within a set period of time (usually two weeks).

The present program manager, now assigned to the unit, does not generate SAP reports to monitor sick leave. In early 2008, the division tasked the program manager, Maintenance Management to print and distribute SAP reports monthly to all other program managers. Program managers nonetheless retain the responsibility for the management of their employees' sick leave. We were informed that starting in spring 2008, these reports are reviewed monthly during the division's management meetings. Management reported that the measure was necessary as program managers in the division are not comfortable using SAP.

In six cases, uncertified sick leave during 2007 had been exceeded. The uncertified leave greater than eight days totalled \$1,930. No proof of any investigation of greater than eight days uncertified sick leave could be provided. The unit's former program manager did refer one employee to EH&W for certain sick leave days that cast doubts and issued recovery of compensation letters to that employee and another. We found no case of uncertified leave greater than four consecutive days.

We also identified five employees who had greater than five days of sick leave and had greater than 35% of sick leave occur on a specific day. No trend analysis evidence was provided. During our review we also noted an error by EH&W in certifying leave where the employee had provided a satisfactory medical certificate for a seven working day absence. Of these three were properly certified in SAP and four were not. The days certified were not consecutive, suggesting a probability of data entry error.

In addition, as part of our sample of timesheets from five employees in each area reviewed, we examined the number of occurrences where uncertified sick leave days were attached to a statutory holiday or weekend. For the five Signal Design and Specification employees, we found that 57% of sick leave days' occurrences are attached to weekends.

TABLE 12: UNCERTIFIED SICK LEAVE ATTACHED TO WEEKEND OR STATUTORY HOLIDAY
Signal Design and Specification

<u>Total Occurrences of Sick Leave</u> (1)	<u># of Occurrences on a Weekend / Attached to Weekend or Statutory Holiday</u>	<u>%</u>
9	2	22%
5	5	100%
6	5	83%
2	2	100%
6	2	33%
28	16	57%

(1) Total occurrence may relate to more than one day -- I.e., a Thursday and Friday counts as one

We also compared short-term sick leave of Traffic & Parking Operations Branch employees residing at a same address. Out of 308 employees, we found 2 employees reside at the same address during 2007. They were absent concurrently less than four days during 2007.

Recommendation 20

That Traffic Operations institute trend analysis of sick leave days taken.

Management Response

Management agrees with this recommendation. This practice is currently in place.

The Sick Leave Usage report available on Ozone under Managers' Self Serve has been enhanced so that detailed information regarding sick leave usage can be tracked and analyzed.

The report is now being used by management on a monthly basis to track and analyze the types of sick leave being taken (i.e., certified, uncertified) for all employees. The trend analysis resulting from this report will be presented to the

Roads and Traffic Operations and Maintenance branch management team to discuss any remedial action that may be required.

In addition, the newly introduced automated tracking of sick leave provides managers with the ability to manage sick leave pro-actively by monitoring consecutive and cumulative sick hours taken. It also assists managers in taking the necessary steps to notify employees when medical certificates are required.

3.1.11.4 Ottawa Paramedic Service – Platoon B&D

The Ottawa Paramedic Service delivers emergency medical assistance to Ottawa residents and visitors.

Management stated that occasional/short-term sick leave related to high stress of constantly dealing with emergency situation, the 24/7 nature of shift work, communicable diseases, work injuries such as lifting extra heavy person, and an aging workforce. Management reported communicating positive health promotion messages as well as developing work schedule in conjunction with staff in an attempt to decrease sick leave. In 2007, Ottawa Paramedic Service – Platoon B & D incurred 2,010 days of sick leave.

TABLE 13: PLATOON B & D 2007 SHORT-TERM DISABILITY STATISTICS

SAP data as at July 17, 2008

Org. Unit Identification	Org. Unit Description	Absence Days	Absence Hours	Head Count	Average Day per Headcount
10053594	Platoon B & D	2,010	23,331	115	17
Totals		2,010	23,331	115	17

Management indicates that all references to B&D Platoons are only valid in SAP. They further state that Paramedics listed in SAP may (and often) are not aligned with the actual B&D Platoons as managed in Telestaff. Telestaff manages platoon assignments separately and not necessarily in accordance with SAP. If a high percentage of those staff who took sick leave were shown in the sample as reporting to Platoon B&D and are now assigned on the schedule to a different Coordinator, the report would incorrectly reflect a higher absenteeism with that Platoon. The reporting structure in the Paramedic Service differs from other departments within the City where the employee's supervisor oversees a Platoon. The Platoon is based on the work schedule. When an employee changes work schedules, they change Coordinators and Platoons. This was not being captured in SAP when employees changed schedules. Employees will frequently change schedules to maintain balanced staffing levels throughout the year.

However, as the City's Enterprise-wide Resources Planning System, SAP's accuracy should continuously and consistently be maintained for all personnel including Paramedics.

As Ottawa Paramedic Service (OPS) is a 24/7 multi-platoon operation with various start times, Telestaff was implemented for its flexibility. Fundamentally, Telestaff is an electronic scheduling system. It has the capability of allowing staff to view their own schedule; their attendance and absences either from a workstation or off-site using "Webstaff". As such, Ottawa Paramedic Service use Telestaff to produce reports for managing sick leave and use SAP minimally.

Certified and uncertified leave is managed through Telestaff. Unlike SAP, Telestaff has been programmed to prevent an employee from drawing down greater than the uncertified sick leave limit as set under the collective agreement. Due to paramedics 12-hour work shifts, Telestaff had been programmed to block drawing down after five uncertified sick leave days (i.e., 60 hours) has the collective agreement was interpreted as eight days (or 64 hours). A recent arbitration ruling established that uncertified sick leave should be prorated to 96 hours or eight days (of 12-hour shifts).

To draw down uncertified sick leave up to the set limit, employees can phone-in or login to Telestaff. After the threshold has been reached, employees can no longer phone-in their absences and are required to speak to a supervisor. Because last minutes absences are operationally problematic for OPS, employees are required to call-in their sick leave to the "duty officer" and the sick leave, even if uncertified within the set limit, would be entered in Telestaff by the "team leader". Management reported that on a monthly basis, absences are verified in Telestaff to ensure all absences were properly coded. We were informed that this practice was necessary, as improperly coded absences would lead to compensation being recovered.

We looked at uncertified sick leave in excess of collective agreement limits for 2007 (SAP data). We identified one Platoon B&D employee exceeded the greater than four consecutive day uncertified limit however, none took greater than 8 days uncertified sick leave.

At present (as was in 2007) OPS's practice is for an employee to provide his supervisor with the medical certificate. One of the two shift schedulers (a clerical, CUPE 503 position) then converts the IPE uncertified or absent to IPE certified in Telestaff and then forwards the medical certificate to EH&W for certification in SAP. This process was implemented in 2003 because OPS perceived that there was an important backlog City-wide to input medical certification. Further, OPS indicated that they believe there has been a consistent problem with the Ottawa Paramedic Service being advised when uncertified time is converted to certified time by EH&W in a timely manner. Per the statistics provided by EH&W, we estimated a daily average of 30 to 35 medical certificates received for the entire

corporation, which may not all require certification in SAP (if found unsatisfactory) and does not support there being a backlog. Contrary to OPS's position, EH&W indicated that there is no backlog and that OPS decided to do their own certification in order to have more control over certified and uncertified sick leave, given that they follow the language of the CA and enforce it consistently. EH&W further indicated that OPS allow the employee a full month to produce a medical certificate and, if it remains outstanding, they recover the leave. When EH&W determines that a medical certificate does not support the sick leave, they inform the employee in writing, therefore, it takes a lot more time to deal with that case, than it does to complete a straightforward certification of a medical certificate. EH&W processes close to 9,000 medical certificates a year. Divided by 220 working days per year that equals an average of 41 per day.)

The City's practice is to have employees provide their supervisor's with the completed medical certificate form as long as no medical information is provided. As previously noted, certificates containing medical information, should be submitted directly to EH&W in a sealed envelope. OPS's employees provide their supervisor with all medical certificates.

From the onset of this audit the Office of the City Auditor (OAG) was advised that only EH&W could view employees medical certificate and personal information and that as such the OAG was directed not to review any documentation containing medical information. We are concerned that there seems to be various understandings across the City as to who can and cannot access documents containing personal information. We also have reservations as to how personal information is captured, by whom, and how its safekeeping is enforced.

We were informed that EH&W are advised when a medical certification is not received by OPS or the sick leave is questionable (e.g., staff asked for time off and were denied). The OPS does not assess the validity of medical certification. EH&W are also involved if an employee's absence is to be greater than 20 days. It is OPS management view that it is EH&W decision as if the first medical certificate is sufficient or if they require a new one (and thereafter each 20 days).

Absences that require certification are entered using the code "IP absence", until the medical certificate is provided. If the employee does not provide a medical certificate, then compensation for that day/shift is recovered. Present practice provides an employee 10 working days to submit a medical certificate. We were informed that recoveries are seldom necessary and do not have negative impact on morale for OPS. Reversals of recoveries have also been required as employees provided a satisfactory medical note subsequent to the recovery of compensation.

We were informed that Telestaff has the capability of generating information and that reports are produce on a case-by-case basis. Schedulers that notice patterns would inform the Coordinator. Monthly, a Telestaff report is generated on outstanding medical notes. Any employee over the collective agreement limit is

asked to provide a medical note to their supervisor within 30 days or compensation for the absence is recovered. We were informed that the lack of available physicians from which to obtain a medical certificate represents a challenge for OPS.

Taking into account, Platoon B&D biweekly schedule of 60 hours week one and 24 hours week two, we identified 20 possible trends where employees are more likely to be absent on a specific weekday.

In addition, as part of our sample of timesheets from five employees in each area reviewed, we examined the number of occurrences where uncertified sick leave days were attached to a statutory holiday or weekend.

For the five Platoon B&D employees, we found that 68% of sick leave days' occurrences are attached to weekends.

TABLE 14: UNCERTIFIED SICK LEAVE ATTACHED TO WEEKEND OR STATUTORY HOLIDAY
Platoon B & D

<u>Total Occurrences of Sick Leave</u> <u>(1)</u>	<u># of Occurrences on a Weekend / Attached to Weekend or Statutory Holiday</u>	<u>%</u>
3	3	100%
4	1	25%
3	3	100%
5	3	60%
4	3	75%
19	13	68%

(1) Total occurrence may relate to more than one day -- I.e., a Thursday and Friday counts as one

We also compared the short-term sick leave of Paramedic Service employees residing at a same address and compared them against Platoon B&D. Of the branch's 493 employees, we identified 52 employees residing at the same address. Of these 65% (34 employees) were absent on a same day at least once during the year. The following examples may be an indicator of misuse of sick leave and should be reviewed.

TABLE 15: OPS EMPLOYEES RESIDING AT THE SAME ADDRESS
ON SICK LEAVE ON THE SAME DAY
SAP data as at July 17, 2008

# of Addresses	Staff No. 1			Staff No. 2			Both on same day
	Platoon	2007 Sick Leave Days	% off with other person	Platoon	2007 Sick Leave Days	% off with other person	
Platoon B&D ONLY							
1	B & D	60	45%	B & D	66	41%	27
2	B & D	34	56%	B & D	37.54	51%	19
Two different Platoon / Areas							
3	B & D	23	17%	Training & Development Un	14	29%	4
Deployment Unit							
4	Deployment Unit	55.92	16%	Deployment Unit	41.5	22%	9

OPS reported accommodations as being a challenge. In some cases, there is no available work. Even if an employee is ready and willing to return to work, WSIB cases take accommodation priority. This is because there is a 30% surcharge when an employee is on WSIB. In order to provide a safe environment for its employees, pregnancy cases are also considered an accommodation priority. Therefore, very little accommodation opportunities are left available within the branch.

Recommendation 21

That Ottawa Paramedic Service ensure that, as the City's Enterprise-wide Resources Planning System, SAP's accuracy is continuously and consistently maintained for all Paramedic personnel.

Management Response

Management agrees with this recommendation.

Although SAP is the City's Enterprise-wide Resources Planning System, it does not have the functionality to capture Ottawa Paramedic Service dynamic scheduling needs and operational imperatives. Therefore, Telestaff will continue to be a necessary tool for OPS because of its industry-specific capabilities.

OPS will ensure that SAP and Telestaff are recording the same data elements for the purpose of sick leave management by Q3 2009.

Recommendation 22

That Ottawa Paramedic Service investigate trends and take appropriate action as required, including, but not limited to, addressing absences of two individuals living at a same address taking sick leave on a specific day.

Management Response

Management agrees with this recommendation. This practice is currently in place.

The Ottawa Paramedic Service will continue to monitor trends in employee absences and will take action as required in consultation with EH&W and Labour Relations.

3.2 *Audit Objective 2: Assess appropriateness and effectiveness of the Attendance Management Program*

3.2.1 Evolution of Attendance Management Program

The former Attendance Improvement Program (AIP) was modified as a result of the Arbitration Board's award in October 2006, following the grievance by the Amalgamated Transit Union ATU279. The program was renamed in January 2007 to the Attendance Management Program (AMP) and corporate procedures were written to address:

- How and when employees are placed on the program, and/or progress through the program steps;
- Clarify the types of absenteeism that fall under the program; and,
- Clarify the use of management discretion about whether employees should be placed on the program and/or progress through the program steps.

The program aims to:

- Encourage and recognize exemplary attendance and/or improved attendance;
- Foster employee awareness of the importance of good attendance;
- Assist employees in improving attendance through a variety of programs; and,
- Encourage the reduction of the excessive use of Income Protection Plan (IPP) or sick leave benefits.

In addition to the renaming of the program to AMP some of the key differences include:

- Reviews previously done quarterly are now conducted twice yearly;
- Less stringent thresholds;
- Fewer steps; and,
- Inclusion of part time employees.

It should also be noted that:

- CUPE 503 R&C part time (casual) staff continue to be excluded from the program;
- Fire Services' OPFFA successfully grieved the former AIP providing a clean slate for all its membership. January 2008 was the first AMP review cycle for OPFFA members (data from July 1, 2006 to December 31, 2007); and,
- Ottawa Public Library originally did not participate in the AIP but have since joined the AMP with a first full review scheduled for January 2009 (data from July 1, 2007 to December 31, 2008).

Not all City employees are presently participating on the AMP. It should be further noted that the AMP databases (one for full time and one for part time employees) relates to number of individual employees (total headcount). As such if an employee retired mid-year and was replaced by a new employee, this should count as two on the database. However, we identified that some employees that were part of the City during 2007 were not included in the AMP databases provided. Some of these employees did incur 2007 sick leave. Management advised that historically, all employees who incurred sick leave during the year were included in the statistics. In 2006, direction from the Employee Services director was to remove sick leave relating to pre-retirement leave, particularly in Fire Services, as it was deemed to "skew" the City average (pre-retirement leave was not considered to be actual sick leave, even though coded as such). The OAG disagrees with this approach as management's removal of some employees and their sick leave improves the overall City's sick leave statistics. Furthermore, by removing employees, the database is no longer complete. AMP databases should include all sick leave taken during the year by City employees, without omissions.

All staff interviewed were well versed on the new AMP initiative and were committed to the success of the program.

In February 2007, half day training sessions with on the AMP were held with EH&W and LR. The training was intended to give managers and program managers detailed information about the new program relating to employee migration from AIP to AMP; steps; use of discretion, etc. We found that managers and program managers targeted for the training are not necessarily the individuals holding the attendance letter issuance meeting with staff and that further training could be beneficial.

As part of the training, Labour Relations provided a comprehensive guide detailing the program. We were informed that managers who did not register for a training session could still obtain the guide through the Coordinator, Labour Relation Support Operations.

In addition to this training, managers were provided a shortcut tool on Ozone (under “ManagerInfo” to assist them in more easily retrieving SAP HR reports) in order to better manage sick leave of their employees. Managers can nonetheless access the reports directly from SAP albeit relative to the access granted them. Managers interviewed had forgotten, were unaware or did not use the Ozone shortcut tool. As previously mentioned, not all supervisors are provided SAP access to generate their direct reports attendance and absence information on SAP.

Recommendation 23

That Employee Services provide further training to all supervisors with direct reports who contribute and/or are involved in the AMP process.

Management Response

Management agrees with this recommendation.

Work is currently underway to include an overview of the AMP in the new supervisor/manager development sessions (currently under development).

Employee Services (Human Resources) will work with Labour Relations to develop initial and refresher AMP training sessions for managers in Q1 2010. Once developed, Human Resources and Labour Relations will communicate the availability of the training and will begin to schedule and offer sessions by Q2 2010.

3.2.2 AMP Reporting Tool

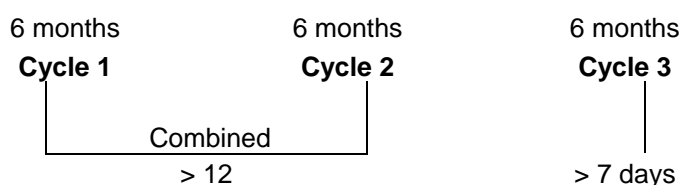
Each cycle, the Analyst, Health & Safety whom administers the program downloads from SAP the last six months or cycle. This information is added to the previous 12 months on the AMP Excel database. The database spreadsheet is a continuation of the AIP database. Management advises that the AMP database was completely revamped in 2007. Employees were transitioned from the former AIP to the revised AMP. Sick leave data from 2003 through 2006 was retained, as was the historical information on each employee, (i.e., the use of management discretion and disability-related dates that had been carved out). Once compilation is completed, the administrator will send individual spreadsheets enumerating both employees at various steps as well as employees not on the program. Spreadsheets are sent to departments and or branches per a distribution list.

Only SAP data for the current six-month cycle is generated and previous cycles are not re-generated from SAP and re-exported which causes data inaccuracies. Inaccuracies could result from an employee not submitting a timesheet in a timely manner. As a result staff may not be put on the program or may not advance to a higher step.

As AMP is managed through Excel spreadsheets and as manual modifications are frequent, there is also a high risk of unintentional inaccuracies. Review of data accuracy is complicated, as days where discretion was applied require to be carved

out for AMP purposes. At the time of the audit, there was no review of the accuracy of the spreadsheet conducted by a second party before being sent out by Employee Services. Errors would therefore not have been caught unless a department reviewed the spreadsheet’s accuracy. There is also inefficiency in having to reproduce a letter.

In essence, AMP is a positive/negative reinforcement four-step initiative. A case review is conducted as an employee reaches step four. In order for a full time employee to get on to the program or, progress to a higher step, the employee will have drawn down on a minimum of 19 days of sick leave over a three cycle period (totalling 18 months).



For part-time employees, this relates to > 5% of the employee’s schedule hours for cycles 1 and 2 plus > 5% of the employee’s schedule hours for cycle 3.

In the case where discretion is used for an employee which was recommended for placement at step one, the letter is returned to the program administrator, and the specific period given discretion is from then on excluded from the program. If discretion is used for an employee that was recommended for placement at steps 2, 3 or 4, the original letter is returned to the program administrator who will provide a revised letter indicating that discretion was used. In addition to “management discretion”, we were informed that the Occupational Health Consultants could also request that days be removed from the program for disability. This is done through email. As discretion is granted, additional replacement letters are required.

An employee’s manager/supervisor issues letters for each step during a formal meeting. It is therefore not possible for an employee to be placed on the program without their knowledge. Managers sign the letter, give the original to the employee and return a copy to the program administrator. It is the practice of some managers to have the employee voluntarily initial to indicate receipt of the letter. Copies of the signed letters are kept on the employee’s human resources file.

However, as part of our work on the 2008 Audit of an Allegation of Blogging, we observed that an employee human resources file did not contain some “step” letters. For both the former AIP and new AMP an employee progresses through levels called steps, e.g., step 1, step 2, etc., before reaching a the case review stage. Should the employee’s attendance improve, these steps reverse.

From the information contained in the AMP database provided by Employee Services, at least two additional letters should have been sent to the manager for

issuance to the employee. Specifically, we observed a letter dated November 23, 2005 where the employee was placed on step 5 of the former AIP program. The next letter on file was dated October 9, 2008 where the employee was no longer at any step of the AMP program. We could not determine if the manager and employee had received the letters missing on file. Unless this occurred, both the manager and employee could not take corrective action.

Approximately 10,500 employees' sick leave information was captured on the AMP database in 2007. The program does not differentiate between certified, uncertified and/or unpaid sick leave. In cases where managers determine that the employee sick leave absence should not count for the program for pre-established reasons, "management discretion" can be used. As reported by Employee Services, the average City-wide sick leave day per employee statistics for the last three years are as follows:

TABLE 16: AVERAGE SICK LEAVE STATISTICS 2005-2007

Per Employee Services

Year	Average Sick leave day per employee	Employee Count
2005	10.3	9,588
2006	10.1	10,034
2007	10.6	10,539

However, since SAP information is not regenerated and as we identified staff, which incurred sick leave and were not captured by the database, these could be understated. Due to manual aspect of the reporting (through the Excel spreadsheet), errors were also noted in the original 2007 statistics provided to the auditor. At a minimum, a verification process performed by a second resource ought to be considered. Present management were not aware if any other tool had been considered for AMP reporting.

Management indicated that ensuring AMP's data accuracy rests with managers. However, we disagree with this approach. The AMP administrator should be disseminating to departments accurate data. It should not require a manager to verify its validity. There is also no verification that each manager re-ran the data in SAP to confirm its accuracy. We conclude that the effectiveness of the program is jeopardized and the program administrator's role is questionable when the onus for the accuracy of the information is placed on managers.

When we consider the City's sick leave management as a continuum ranging from positive to negative reinforcement, it is important to note that approximately 29% or 3,100 of the City employees captured under AMP had very good to excellent

attendance during the 2007 calendar year. For the 18 months ending December 31, 2007, 8% or 793 employees captured by the database were either at an AMP step or at the case review process.

Program effectiveness requires that all sick leave absences be addressed continually and on a timely basis. Interviewed managers stated being committed to the success of AMP and were devoted to working with their employees to reach the common goal of not having their staff at any steps on the program.

Recommendation 24

That Employee Services ensure all employees are captured in the AMP databases, rerun the export of the data from SAP for the previous cycle to ensure data accuracy, and that the databases be reviewed by another resource before spreadsheets are provided to departments.

Management Response

Management partially agrees with this recommendation.

Human Resources (Employee Services) will ensure that all sick days for employees within the scope of the AMP are captured in the AMP database, including those employees who retire/leave the City during the year (with the exception of firefighters on pre-retirement leave in accordance with their collective agreement provisions).

While management agrees with the need to work with accurate data, management disagrees with re-running of the previous cycle's data export for every six-month cycle, as conducting the second data download is not cost effective.

SAP data is accurate and reflects the information inputted by the branches. Historically, there have been approximately 20 discrepancies in each cycle out of 11,000 employees in the AMP. These discrepancies are largely due to timesheets being entered after the semi-annual data download is complete. If timesheets are entered in a timely fashion and if management compares their AMP spreadsheets with their branch records and responds back to the AMP administrator with discrepancies, the necessary corrections will be made.

There is no recognized value in the database being reviewed by another resource because there would be no way for this second resource to know whether data was missing or not. This has primarily been an issue for a small number of employees in those groups where Telestaff is used to schedule employees in 24/7 operations. When Recommendation 21 is implemented by Paramedic Services, the occurrence of this problem will be greatly minimized.

OAG COMMENT: The OAG considers that this recommendation should be forwarded to the Audit, Budget and Finance Committee for discussion.

Recommendation 25

That Employee Services in consultation with Information Technology Services investigate the use of an automated tool for AMP reporting.

Management Response

Management agrees with this recommendation.

Employee Services, in consultation with IT, will investigate the possibility of increasing the automation capability of the AMP system tools by Q4 2009.

Recommendation 26

That the City ensure all step letters are filed in individual employee’s human resources file.

Management Response

Management agrees with this recommendation. This practice is currently in place.

Managers are instructed to send copies of signed letters back to the AMP administrator, who then forwards them to Records for inclusion in the employees’ personnel file.

The AMP administrator will send a reminder of this requirement to all managers who are receiving employee letters for the next AMP cycle by Q3 2009.

3.2.3 Wellness Strategy, Benchmarks and Targets

The City does not have an overarching wellness strategy to decrease sick leave. Using the AMP data, we found that approximately:

- 29% of employees received letters for good or excellent attendance during 2007;
- 8% of employees were on AMP at various steps; and
- 63% of employees captured by the database whose sick leave did not meet AMP criteria were not being addressed under any strategy. Cases of high absenteeism falling within the 63% may still need to be addressed. From both an operational and financial aspect, the City would also benefit by decreasing sick leave of those employees not meeting the AMP criteria.

Excellent or Very Good Attendance	Not addressed by AMP	At an AMP step
29%	63%	8%
≤ 3 days in fiscal year		≥ 19 days in 18 months

As example, a full time employee that consistently took one day of sick leave each month would never get on AMP and the continuous nature of their absence never be addressed albeit days greater than allocated by the collective agreements bank would require certification.

As the nature or type of the illness does not have to be disclosed by the physician on the medical certificate or by the employee, reasons for absences can not be easily analyzed by EH&W and addressed through a "health/wellness strategy" aimed at decreasing absenteeism.

In addition to data analysis, consultation with staff need to occur to assist in identifying the root causes of sick leave absences to enable steps to be taken to promote wellness, job satisfaction, increase morale and thereby improve employee health.

No corporate goals and targets for decreasing sick leave have been defined by the City and therefore progress cannot be measured.

For reasons where absenteeism was medically related, EH&W informed us that they were crafting a Disability Management/Return to Work program, which was in draft form at the time of this audit. This program aims at providing permanent and temporary workplace accommodation to employees with bona fide medical conditions.

The table below reflects the sick leave statistics per department for AMP as at the last cycles (ending December 31, 2007). We were informed that total number of sick days and averages reflects all employee sick leave and as such, it does not exclude "management discretion" days.

TABLE 17: ATTENDANCE MANAGEMENT PROGRAM - 2007 STATISTICS

Source: Employee Health and Wellness, Employee Services Branch

2007	Not at Any Step	Step 1	Step 2	Step 3	Step 4	Total Number EEs in AMP Database	Total Number EEs with Excellent Attend.	Total Number EEs with Very Good* Attend.	Total Number Sick Days	Average Number of Sick Days per Employee on AMP
City Auditor General	8	0	0	0	0	8	1	4	21.28	2.66
Committee of Adjustment	11	0	0	0	1	12	2	3	119.58	9.97
AG-Committee of Adjustment Total	19	0	0	0	1	20	3	7	140.86	7.04
Business Transformation Services										
Executive Director's Office	14	0	0	0	0	14	5	5	49.64	3.55
Client Services & Public Information	105	10	3	1	4	123	7	26	1495.96	12.16
Corp Plng & Performance Reporting	12	0	0	0	0	12	5	5	29.93	2.49
Corporate Communications	11	0	0	0	0	11	3	3	76.86	6.99
Employee Services	199	2	0	0	0	201	28	55	1564.92	7.79

2007	Not at Any Step	Step 1	Step 2	Step 3	Step 4	Total Number EEs in AMP Database	Total Number EEs with Excellent Attend.	Total Number EEs with Very Good* Attend.	Total Number Sick Days	Average Number of Sick Days per Employee on AMP
Information Technology	361	3	1	0	1	366	52	113	2559.85	6.99
Real Property Asset Mgmt	603	20	4	2	4	633	111	124	5218.31	8.24
BTS Department Total	1305	35	8	3	9	1360	211	331	10995.47	8.08
City Manager's Department										
City Clerks Office	108	2	0	1	0	111	22	29	974.69	8.78
Financial Services	448	5	1	0	0	454	64	108	4074.94	8.98
Legal Services	64	0	0	0	0	64	13	24	386.4	6.04
Policy Coordination & Outreach	4	0	0	0	0	4	3	0	4.43	1.11
Rural Affairs Office	3	0	0	0	0	3	0	3	3.35	1.12
City Manager Department Total	627	7	1	1	0	636	102	164	5443.81	8.56
Community & Protective Services										
CPS DCM Office	31	1	0	0	0	32	9	8	145.54	4.55
By-Law Services	140	4	4	5	0	153	17	24	1845.86	12.06
Cultural Services & Comm. Fund	72	1	0	0	0	73	26	17	356.03	4.88
Employment & Financial Assistance	668	30	19	11	4	732	45	125	10173.16	13.90
Office of Emergency Management	5	0	0	0	0	5	3	2	1.5	0.30
Fire Services **	910	48	0	0	0	958	72	158	8615.19	8.99
Housing	53	2	1	1	1	58	11	13	575.31	9.92
Long Term Care	485	70	60	36	9	660	23	44	7942.18	12.03
Ottawa Paramedic Services	404	29	15	11	2	461	18	50	6790.6	14.73
Parks & Recreation	397	8	5	1	1	412	82	99	2961.94	7.19
Public Health	401	15	7	3	0	426	54	91	3840.59	9.02
CPS Department Total	3566	208	111	68	17	3970	360	631	43247.9	10.89
Planning, Transit and the Environment										
DCM's Office PTE	5	0	0	0	0	5	3	2	5.00	1.00
Building Code Services	128	2	1	1	0	132	34	41	744.45	5.64
Economic & Enviro Sustainability	24	0	0	0	0	24	8	9	60.31	2.51
Planning	149	1	3	0	0	153	35	39	816.38	5.34
Transit Services	1687	90	36	29	13	1855	114	250	25622.05	13.81
PGM Department Total	1993	93	40	30	13	2169	194	341	27248.19	12.56
Public Works & Services										
PWS DCM Office	20	0	0	0	0	20	5	6	102.65	5.13
Fleet Services	541	28	8	5	0	582	44	107	6006.09	10.32
Infrastructure Services	207	2	2	0	0	211	48	70	1249.79	5.92
Solid Waste Services	62	2	0	3	1	68	6	11	1003.84	14.76
Surface Operations	725	36	10	5	6	782	79	136	9469.71	12.11
Traffic & Parking Operations	236	12	2	1	2	253	43	44	2607.92	10.31
Water & Wastewater Services	445	13	5	5	0	468	68	89	4580.94	9.79
PWS Department Total	2236	93	27	19	9	2384	293	463	25020.94	10.50

2007	Not at Any Step	Step 1	Step 2	Step 3	Step 4	Total Number EEs in AMP Database	Total Number EEs with Excellent Attend.	Total Number EEs with Very Good* Attend.	Total Number Sick Days	Average Number of Sick Days per Employee on AMP
TOTAL CITY	9746	436	187	121	49	10539	1163	1937	112097.17	10.64

* Very Good Attendance = 3 days or less in a calendar year.

** Excludes pre-retirement leave for Fire Services

Data for Full-time employees, and Part-time employees (with regularly scheduled hours)

Data Source: SAP and Attendance Management Program Master Database.

When an employee reaches step 4, a case review is conducted with the employee’s manager and representatives from Labour Relations and Employee Health and Wellness. City employees are not terminated in relation to the Attendance Management Program.

During a case review, determination as to if frustration of contract has occurred (i.e., the employee can no longer meet their employment obligations) is made and this may lead to termination or in other cases negotiations may take place to have an employee voluntarily leave the employ of the City. In 2007, Labour Relations participated in 50 AMP-related case reviews.

Issuing an attendance letter to an employee is the last step of an AMP cycle. There has been no formal report of the overall AMP (or previous AIP) results to management or Council. Management advised that results were only reported annually by OH&S to the Director of Employee Services for the years 2005, 2006 and 2007. Employee Services management advised us that although it is a clear management responsibility, comparison between stakeholders may cause sensitivities.

Because absenteeism is a significant cost to the City, in our opinion, Employee Services should communicate each cycle’s results downward from Executive Management Committee all the way down to program managers as well as to City Council. Reporting should reflect both the number of days as well as the related costs.

The City of Toronto was able to over time reduced its average sick leave day per employee from 9.2 days in 2001 to 7.9 days in 2007.

Management advised us that the City of Toronto’s *Short Term Sick Leave Plan* differs significantly from the City of Ottawa’s plan. City of Toronto employees accrue sick leave based on hours worked. Once the accrued number of days or hours have been utilized, there are no provisions for the leave to be replenished until the employee is able to accrue more, whereas, with the City of Ottawa, permanent full-time employees with at least six months service are eligible for Income Protection Plan (IPP) benefits of 17 weeks (85 days) annually. Some of this is paid at full salary, and

some at 66 2/3% of salary, based on years of service (i.e., 1 year of service – 2 weeks at full salary, and 15 weeks at 66 2/3%; 10 years of service – 17 weeks at full salary). This entitlement can also be reinstated within the same year under certain conditions (i.e., employee returns to work for at least one full shift and needs to go off work again for a different medical condition; or employee returns to work and subsequently goes off again for a related medical condition, as long as 30 calendar days have elapsed between the cessation of the previous claim and the commencement of the related claim CUPE 503). Nonetheless, it is important to note that the City of Toronto has decreased its sick leave.

The following table compares the City of Toronto’s averages for the last three years to the City of Ottawa’s levels.

TABLE 18: COMPARISON OF ATTENDANCE MANAGEMENT PROGRAMS

Average Sick leave day per employee (days per employee)

Year	City of Ottawa	City of Toronto
2005	10.3	8.7
2006	10.1	7.6
2007	10.6	7.9

Recommendation 27

That the City develop and document a wellness strategy aimed at decreasing sick leave; that it further establish objectives and set measurable targets for the organization; and, that these be effectively communicated.

Management Response

Management agrees with this recommendation.

Management agrees that development of a corporate wellness strategy would benefit employees and the organization; however, it must be holistic in nature, and its objectives much broader in scope than just the reduction of sick leave.

With input from the Senior Management Committee, Employee Services (Human Resources) will develop a wellness strategy (see Recommendation 13) that is linked with, and supports the corporate service excellence strategy and workplan by Q2 2010.

Recommendation 28

That the City report to all levels of management as well as City Council:

- on the status of the set targets vs. improvements in absenteeism; and,
- on days taken by branch as well as related costs each cycle.

Management Response

Management agrees with this recommendation.

A corporate-wide performance reporting framework, which will rise through standing committees and Council, is currently being developed. As part of this development effort, Employee Services (Human Resources) will be recommending performance measures to be included in the framework, including measures related to employee attendance, by Q2 2010.

3.2.4 AMP Databases

We obtained a copy of the AMP databases (one for full-time and one for part time employees) in June 2008. We compared employees related to the four areas we reviewed to the employees contained in the databases. As AMP captures employee information at the division level, we reviewed 860 employees from the following four divisions:

- EFA Centre Central Division, (142 employees);
- Centre d'accueil Champlain Division, (169 employees);
- Operations Division, OPS, (352 employees); and,
- Traffic Operations Division, (197 employees).

Except in Operations Division, Ottawa Paramedic Service Branch, we found that some employees were in both our SAP extract and the AMP databases although under a different area. As sick leave for these employees is nonetheless captured by the databases, this was of a lesser concern. We also identified that 33 of the 860 employees (3.8%), who took 452 sick leave days during 2007 were not included in either databases. Within the four groups reviewed, the following employees should have been included:

- In EFA Centre Central Division, 3 of the 142 employees were not included in either databases; one retired on March 31, 2007 and the other two during 2008. These employees had taken 91 days of sick leave during 2007.
- For Centre d'accueil Champlain Division, 9 of the 169 employees were not included. Of these, five had part time continuous, two had full time continuous and two were temporary part time salary status. These employees took 70 days of sick leave during 2007.
- The Operations Division, Ottawa Paramedic Service Branch, had five full time continuous paramedic and four employees that had resigned during 2007 missing from the databases. In total 9 of the 352 employees were not

included on the AMP databases. These employees took 114 days of sick leave during 2007.

- Lastly, we identified 12 of the 197 Traffic Operations Division, employees not included on the databases. Of these, eight had full time continuous status, three had left the City during 2007 and one in 2008. These employees took 177 days of sick leave during 2007.

Recommendation 29

That Employee Services ensure that all employees who incurred sick leave for the period, including those no longer employed by the City, are included for reporting purposes.

Management Response

Management agrees with this recommendation.

Employee Services (Human Resources) will ensure that all sick days for employees within the scope of the AMP are captured in the AMP database, including those employees who retire/leave the City during the year (with the exception of firefighters on pre-retirement leave in accordance with their collective agreement provisions), by Q4 2009.

3.2.5 Management of AMP Processes

3.2.5.1 EFA Centre Central Division

Initially the AMP spreadsheet is provided to the director's office. It is separated and distributed to each of the five district offices with timelines. Letters are provided separately.

The district manager will review the spreadsheet. However, there was no evidence of any analysis to confirm that all staff, which should be on the program were in fact captured and at the appropriate step or that staff which should not be on the program were omitted. The division's administrative assistant makes a copy of each letter before sending the original to each supervisor to issue. Although individual supervisors can recommend discretion be applied, the final decision rests with the district manager.

Each supervisors issue attendance letters (step) to their respective staff and have the employee initial or sign receipt of the letter. Not all staff consent to this. We were informed that supervisory staff had not attended the AMP training offered by Labour Relations. Photocopies are kept and retained on each employees file. Tracking to ensure that each letter is issued is performed by the district manager's assistant.

As at December 31, 2007, EFA Centre Central Division had 14 employees (approximately 10%) at various steps and or at the case review of AMP.

On average, letters were issued to employees three to four months after the end of each cycle. As the letters are predated by the program coordinator AMP, we were able to determine when lapse of time from the end of the cycle to when these were provided to EFA Centre Central Division and subsequently issued to an employee. We found that for the:

- First period, ending June 30, 2007, the letters were dated September 25 or later if a new letter was required but issued to employees October 1 to October 23 (those letters with the information captured).
- Second cycle, ending December 31, 2007, the letters were dated March 20 or later if a new letter was required but issued to employees March 26 to May 1, 2008 (those letters with the information captured).

We were informed that a schedule is followed each year for the processing of the AMP cycles for “step movement”. For the cycle ending June 30th, letters and spreadsheets are sent from OH&S to the branches starting mid-August. For the cycle ending December 31st, letters and spreadsheets are sent to the branches starting in mid-February. We were also informed that the “good attendance” letters are processed once a year in April, and have never been produced before a “step movement” cycle. Alternatives such as exploring more automated reporting tool and/or providing temporary resources to the program during cycle reporting should be reviewed/considered.

3.2.5.2 Long Term Care: Centre d'accueil Champlain (Champlain)

Initially the AMP spreadsheet is provided to Champlain's administrator who performs a cursory review. Spreadsheet is then forwarded to each unit's program manager for review and appropriate action. There was no evidence that any analysis had been performed to confirm that all staff, which should be on the program were captured and at the appropriate step or that staff which should not be on the program were omitted.

SAP reports are generated for each employee who is recommended to the program. The program manager reviews these prior to holding ½ hour meetings with each participant and issue the letter. Employees may request discretion during this meeting. Both the number of employees participating on AMP and the 24/7 nature of the unit represent additional challenges in promptly meeting with each employee.

Management informed us that due to weak or not as stringent management of previous AIP, it was not always clear that an employee had been formally met and issued a letter, which affected the current AMP.

Timeliness in which the spreadsheet and letters were provided to Champlain was noted. For cycle two, January 1 to June 30, 2007, letters reviewed were mostly dated November 28; five months after the end of the cycle. These were issued to

employees end of November and December 2007 (one month left to the cycle). For cycle three, for the period of July 1 to December 31, 2007 letters were issue to employees during the first week of May, or, two-third though the cycle. As the program manager had “whited-out” the pre-printed dates, for cycle three, with the date the employee was met we could not ascertain the dates the letters were provided.

Procedures need to be implemented to minimize lapse time. For example, departments could easily be provided with the letter formats and recommended employee step through the database, departments could more readily print out and provide employee with an attendance letter. Where management discretion is applied, only one letter would need to be printed.

3.2.5.3 Traffic Operations: Signal Design and Specification

The AMP spreadsheet is provided to program managers responsible to take appropriate action. Initially no review of the accuracy of the 2007 spreadsheet data was conducted and letters were issued during individual AMP meetings with staff.

As a result of a staff receiving a letter and his indicating the letter was for the incorrect step (should have been a step higher), the division undertook a review of the spreadsheet. Consequently, out of 20 letters, four new letters were requested for reissue as staff were placed at an incorrect lower step.

Management informed us that their review indicated that data was not live and that any subsequent changes in SAP had not been reflected on the spreadsheet provided for Traffic Operations staff.

In addition, management indicated that their review was made difficult because the spreadsheet provided to them did not display/highlight the days where discretion was previously applied and therefore had been carved out of the AMP. Additional finding included missing employees.

It was noted that although the AMP letters to staff were pre-dated, the program manager added date of issuance with the signature.

In addition to noted timeliness in which the spreadsheet and letters were provided to the division, an additional four weeks lapsed before these were issued to employees. For cycle 2, spreading from January 1 to June 30, 2007, letters issued by the former program manager were predated October 9th and we could not determined when they were issued to employees. For cycle 3, for the period July 1 to December 31, 2007, the initial letters provided were pre-dated March 20 and issued April 28. The letters to rectify errors were predated May 26 and issued June 19th.

3.2.5.4 Ottawa Paramedic Service (OPS) – Platoon B&D

The AMP spreadsheet is provided to the Performance Management Division of Ottawa Paramedic Service. In 2007, OPS conducted extensive reviews of the

spreadsheet to ensure its accuracy. As a result, they requested many changes on account of employees either not meeting the AMP trigger point or where discretion had already been applied in a previous cycle and was not considered by the spreadsheet. Attendance letters are provided by the AMP administrator and as such need to be recreated before they are sorted between platoons and distributed.

As part of this analysis, data from Telestaff, for the last AMP cycle/previous six-months, is compared and reconciled to SAP data. There was a reported perception at Ottawa Paramedic Service that SAP is two weeks in arrears, and that Telestaff holds concurrent data. Management reported having found discrepancies in certified versus uncertified leave. As previously mentioned, inaccuracies are investigated with the AMP administrator, who will provide any new required attendance letters.

Coordinators distribute the letters between their supervisors who provide them to the employee's team leader, who ultimately hold the attendance letter meeting. During this meeting, an employee may ask that his/her team leader apply discretion.

Ottawa Paramedic Service has established its own process to apply management discretion. A discretion committee was formed, consisting of 10 coordinators and 1 officer from OPS as well as the AMP administrator from Employee Services to convene and evaluate all requests for discretion. This committee meets twice yearly. For the 2007 sick leave it met in December 2007 to evaluate requests for the January to June absences and it met in May 2008 to evaluate the July to December absences. We were informed that a list, which only captures each request for discretion and medical reasons for request is prepared in advance of this meeting and that only the quality review officer from OPS and the AMP administrator have knowledge of the employee's name.

OPS have identified three criteria where discretion may be applied: certified one-time medical; certified surgery; and febrile respiratory infection. The latter is a legislated requirement where paramedics are requested to remain away from the workplace for the duration of illness. Each member of the discretion committee will vote on discretion for each staff. Should the vote be successful, a new letter will be requested from the AMP administrator and a new letter provided to the employee although both letters will remain on the employee's file.

There is also no limit timeframe for requesting that discretion be applied. An employee may ask for discretion for sick leave, which occurred the previous year.

For the second cycle, January to June 2007, 26 employees requested discretion; and for the last cycle, ending December 31, 2007, 37 employees. The rationale for setting up a discretion committee is to provide staff across platoons consistency in decision-making related to certified one-time medical; certified surgery; and febrile

respiratory infection which may be unique to the work environment for paramedics and their irregular work schedules.

In order to give a sense of fairness and consistency, only the set criteria are considered for granting discretion. As such, we identified one case where both spouses requested discretion be applied for sick leave taken on the same days and where discretion was granted.

The discretion committee's decision on each request for discretion is recorded on an Excel database. The database contains the name and the reason for the request for discretion, which may at times include personal medical information of the individual requesting discretion.

Health and Safety Division raised concerns relating to the discretion committee practice. OH&S division informed us that they do not support the discretion committee practice, and had originally declined to have the OHC participate in the meetings for this reason. OHC advised us that the participation of the AMP administrator on this committee is solely to ensure consistent application of the AMP procedures by the OPS, as compared to the rest of the City. However, it should be noted that by having the AMP administrator sit on the discretion committee there is a perception of supporting the initiative. Conversely, during interview, Labour Relations did not have any difficulty with the practice of having a committee discussing employees' medical reason for sick leave in order to grant discretion as long as OPS ensure confidentiality and no complaint/grievance was submitted.

We reviewed both the issue of the existence of a discretion committee and the recording of personal information with the MFIPPA and Elections Services Division. We were informed that although specific names of employees are not given to the committee, discussion of staff medical conditions in this forum infringes on an employee's privacy. In addition, as there is no legislative reason to capture any employee personal medical information on a database, we were informed that OPS do not have the right to do so. In fact, only Health and Safety Division have this legislative right.

Recommendation 30

That Employee Services explore alternative means to minimize the lapse between the end of the program cycle; supplying letters to all operating departments and the issuance of the letter to an employee.

Management Response

Management agrees with this recommendation.

Means to minimize the time lapse between the end of a cycle and the provision of letters to employees has been investigated, with the following findings:

- The time that Payroll requires (one month) from the end of a cycle to ensure that all leave is entered (some groups are paid three weeks in arrears) cannot be reduced.
- An additional resource could help reduce time required to download data from SAP to AMP database and manipulate data to prepare spreadsheets for managers by as much as two weeks. Human Resources will explore the feasibility of providing additional support to the AMP administrator through the HR Service Centre, which will be established during Q3 2009.

In some instances, there is significant lapse between the time managers receive letters and the actual dissemination to employees. The AMP administrator will remind managers of the need to promptly provide letters to employees at the next program cycle in Q3 2009.

Recommendation 31

That Ottawa Paramedic Service immediately discontinue both the existence of its discretion committee as well as the capturing of personal medical information of employees on a database and that MFIPPA and Elections Services Division review all such practice in the City.

Management Response

Management agrees with this recommendation.

As of June 30, 2009, the Ottawa Paramedic Service discontinued the use of a discretion committee for decisions related to AMP, including the capture of personal medical information.

3.2.6 Attendance Incentives

Most stakeholder interviewed expressed concern that issuing letters whether as positive reinforcement for very good attendance or negative reinforcement for step movement does not represent a viable incentive for staff to decrease misuse of sick leave.

At present, ATU1760 has an attendance incentive program which compensates employees between \$75 and \$500 on a graduated scale for three days or less of absences. During the last negotiation with ATU279, an agreement was reached where employees that took six days or less uncertified leave, could take some of their banked overtime and convert it to vacation time. Management indicated that the latter initiative had some positive effect at its inception, but that it was not sustained.

Although, providing a monetary incentive to employees who do not use their full entitlement of sick leave suggests that sick leave is not being used for bona fide absences, there may be a financial benefit to the City to do so.

Recommendation 32

That the City closely monitor and assess if positive results materialize from providing ATU employees with monetary incentives for taking less sick leave and perform a cost-benefit analysis of these.

Management Response

Management agrees with this recommendation.

To the extent that relevant data is available, by Q4 2009, Employee Services (Human Resources) will investigate whether or not the monetary incentive provided to ATU 1760 employees has resulted in a reduction in sick leave days taken, or sick leave costs, since the introduction of the incentive.

4 CONCLUSION

Studies have shown that corporations with a strong wellness strategy benefit from: reduced absenteeism; employees having better workplace morale; employee having better attitude toward their employer; employees having increased productivity; reduced overall costs; and, that healthier employees may be less likely to be in an accident, may be sick less often or recover from sickness more rapidly.

However, the City lacks a proactive strategic initiative aimed at improving wellness and thereby decreasing sick leave. Until such a strategy is devised, that objectives are established, that measurable targets are set, and results analysed, in our opinion, decreasing sick leave has less chance of success.

AMP is not a sick leave management system but simply reports sick leave absences. Efforts in sick leave management are mainly directed at the tracking and reporting of absences. Although important, it is only one facet of managing sick leave. AMP's reporting tool (presently two Excel spreadsheets) also needs to capture all information accurately and should be improved through the use of SAP.

For the most part, employees with perfect or good attendance are provided a letter as a form of positive reinforcement; and at the other end of the continuum, staff with problematic sick leave are provided a letter as a form of negative reinforcement. Sick leave of employees not included within either of these categories is not directly addressed. From both an operational and financial aspect, the City would benefit by not only decreasing sick leave of those employees which are at an Attendance Management Program step but in decreasing all short-term sick leave. Issues with inaccuracies in the reporting of AMP (Excel spreadsheet – reporting tool) and the timeliness of providing staff with attendance letters require attention.

In order to put the initiative to the forefront, continuous reporting of sick leave and related costs to all levels of management as well as to City Council also needs to be introduced.

A change of culture where employees cease to look at short-term sick leave as a benefit owed to them and preferably as a form of insurance to be made use of for bona fide short-term disability is needed.

The management of the medical certificates needs to be improved. Specifically, inappropriate medical certificates need to be challenged more aggressively; and, certification of the leave needs to be coded more timely in SAP.

Management of trends, such as employees living at a same address and taking leave concurrently also needs to be improved.

When comparing Ottawa's short-term sick leave to other cities that responded to the HRBN survey, it was observed that many cities had paid sick leave hours per eligible employees lower than Ottawa.

Furthermore, while comparing Ottawa's AMP results to those of the City of Toronto, we determined that Toronto more successfully reduced over time its average sick leave day per employee. In 2007, Toronto stood at 7.9 days per employee compared to Ottawa at 10.6 days.

5 ACKNOWLEDGEMENT

We wish to express our appreciation for the cooperation and assistance afforded the audit team by management.

APPENDIX 1: Regulatory Requirement: IPP Certification

Source: Labour Relations' AMP Guide

MPE	CUPE 503 I/O *	CUPE 503 PT Rec and Cult	CUPE 503 Library	Fire
Certificate may be required after for 4 consecutive working days	<p>Certificate required after 4 consecutive working days or 8 cumulative days</p> <p>Certificate produced within first 10 days</p> <p>Certificate renewed every 20 days</p>	N/A	<p>Certificate required after 4 consecutive working days or 10 cumulative days</p> <p>Certificate produced within first 10 days</p> <p>Certificate renewed every 20 days</p>	<p>5 days without medical certificate in 1 year</p> <p>+ 5 days may require a certificate</p> <p>Certificate within the first 10 calendar days if extended period</p> <p>Monthly if prolonged</p>

ATU 279	CUPE 5500 **	ATU 1760	CIPP
<p>Wage continuance: 5 days or less, may be submitted upon return to work</p> <p>Wage continuance: >5 days, within the first week of absence</p> <p>Certificate required for 4 or more consecutive working days or more or when requested by Health Unit</p> <p>Monthly if prolonged</p> <p>Must obtain authorization from Health Unit prior to returning to work if 4 or more consecutive working days</p>	<p>May be required to provide a certificate stating fit to return to work</p>	<p>Wage continuance benefits must be completed for all medical absences</p> <p>5 days or less, application may be submitted upon return to work</p> <p>> 5 working days, make every effort to submit application within first week of absence</p> <p>Certificate required when an employee is absent for 4 consecutive working days or more</p> <p>10 days or longer may request a certificate monthly or as deemed necessary</p>	<p>Certificate required after 4 consecutive working days or 10 cumulative days</p> <p>Certificate produced within first 10 days</p> <p>Certificate renewed every 20 days</p>

* Followed by SAS

** Three agreements