

 THE UNIVERSITY OF BRITISH COLUMBIA Facilities	Policy No.: I-A-PR11	Approval Date: Last Revision:
	Responsible Executive:	
	Signed: _____	
Title: DRAFT - MEDICAL/DENTAL APPOINTMENT LEAVE		

1. General

- 1.1. Leaves for medical and dental appointments are an integral part of the IUOE 115 collective agreement and shall be respected accordingly.
- 1.2. It is expected that an employee who requires a medical or dental appointment will make reasonable effort to schedule these appointments outside of their regularly scheduled working hours. When it is not possible to schedule appointments outside of regular working hours it is expected that a reasonable attempt shall be made to schedule the appointment so as to minimize conflict with their work schedule.
- 1.3. Leave for a medical or dental appointment is covered by article 11.05 of the IUOE 115 collective agreement. It allows for up to ½ shift in any one month for medical or dental appointments. Where absence for medical and dental appointments exceeds ½ shift in any one month the difference shall be deducted from the employee’s accumulated sick bank. Except in the event of emergency treatment, all requests for leave of absence for medical or dental appointments shall be submitted at least five (5) working days in advance.

PROCEDURE:

This procedure is applicable to all IUOE 115 employees within the Facilities Group and is to ensure consistency in the application of article 11.05 of the current Collective Agreement in that:

1. all leaves for medical and dental appointments are considered in a manner that complies with the IUOE 115 collective agreement and applicable Arbitrator's awards;
2. In all cases, an employee is to complete the "Request Record for Leave for Medical/Dental Appointments" form (Appendix A below) and submit to their direct Management Supervisor for review. All "Request Record for Leave for Medical/Dental Appointments" forms must be completed in full and approved by the Management Supervisor prior to the leave being taken.
3. Each "Request Record for Leave for Medical/Dental Appointments" form is to be considered on an individual basis and approval shall not be unreasonably withheld. The Management Supervisor may seek further information from the employee to clarify the information that is contained on the form.
4. In the event of a routine appointment, the Management Supervisor may inquire whether an employee has reasonably tried to make the appointment outside of work hours. The Manager can ask the employee direct questions regarding their efforts for example:
 - when have you tried
 - what are the normal hours of operation of your doctor
 - did you ask the receptionist if you could get an 8:00 a.m. appointment, or a 4:00 p.m. appointment, etc.

An employee is required to answer the questions, provided they are reasonable. As this is non-disciplinary, there is no entitlement to a Shop Steward.

5. The Management Supervisor may not contact the employee's health care provider without the consent of the employee. The employee must be given the opportunity to consult with the Union prior to contacting the health care provider.
6. The employee is not required to identify the nature of health concerns or to release any information about the specialist, including the discipline of the specialist.
7. In the case of emergency and specialist appointments where five days' notice is not possible or when reasonably requested by the Management Supervisor, employees should obtain a note from their family doctor confirming the appointment without identifying the specialist or the health need.
8. On an individual basis, and where reasonably necessary, the Management Supervisor will grant the employee the time for the appointment and will accept notes confirming specialist appointments after-the-fact.
9. All approved requests are to be signed by the Management Supervisor; a copy placed on the employee's Payroll file and a copy given to the employee.
10. In the event of a denial a leave request, the Management Supervisor must use their best efforts to provide written reasons for the denial to the employee within two working days of the request being submitted. The employee must be given the opportunity to respond to the denial and if required they may consult with the Union.



**REQUEST RECORD FOR LEAVE FOR MEDICAL/DENTAL APPOINTMENTS
FACILITIES DEPARTMENT, U.B.C.**

NAME: _____

IN ACCORDANCE WITH ARTICLE 11.05 IN THE COLLECTIVE AGREEMENT BETWEEN THE UNIVERSITY AND I.U.O.E. 115, THIS RECORDS A REQUEST FOR A LEAVE OF ABSENCE FOR MEDICAL/DENTAL APPOINTMENT ON:

DATE OF APPOINTMENT: _____

TIME OF APPOINTMENT: _____

TIME LEAVING WORK: _____

DATE OF REQUEST: _____

NATURE OF REQUEST: Routine Specialist Emergency
(check one)

HAVE YOU REASONABLY TRIED TO SCHEDULE YOUR APPOINTMENT OUTSIDE OF YOUR WORK HOURS?
 YES NO

SIGNED: _____
(To be filled out and signed by Employee)

TO BE FILLED OUT BY MANAGEMENT:

APPROVED DENIED **SIGNED:** _____
(To be signed by Management Supervisor)

***IF THE REQUEST IS DENIED, THE EMPLOYER MUST PROVIDE THE EMPLOYEE WITH WRITTEN REASONS FOR THE DENIAL. THE EMPLOYER SHALL USE ITS BEST EFFORTS TO PROVIDE SUCH REASONS WITHIN 2 WORKING DAYS OF THE SUBMISSION OF THE REQUEST.**

CC Employee
Facilities, Payroll File