### 5.1.2 Illness, Injury and Recovery Leave (Accrued)

When the unexpected occurs, such as an illness or injury, [Employer] wants all employees to take the time reasonably necessary to recover. [Employer] also understands that there are times when employees may need time away from work to recover from elective medical procedures and other health conditions.

For this and other reasons, [Employer] provides paid illness, injury and recovery days to eligible employees.

**Eligibility**

Illness, injury, and recovery leave is available to:

* [Full-time employees who have worked more than [e.g., 30 days, 90 days, six (6) months, one (1) year] [consecutively] [cumulatively] for [Employer]; and]
* [Part-time employees who have worked more than [e.g., six (6) months, one (1) year, two (2) years] [consecutively] [cumulatively] for [Employer].]

Employee classifications not eligible for illness, injury, and recovery leave include:

* [Full-time employees who have worked less than [e.g., 30 days, 90 days, six (6) months, one (1) year] [consecutively] [cumulatively] for [Employer]; and]
* [Part-time employees who have worked less than [e.g., six (6) months, one (1) year, two (2) years] [consecutively] [cumulatively] for [Employer]];
* [Seasonal employees];
* [Temporary employees; and]
* All other employee classifications and third party workplace participants not listed as eligible for leave.

Please consult the [e.g., employee handbook, handbook, manual, policy manual, policy guideline, your offer of employment] to determine your employee classification.

The number of days of leave is determined by the following:

Years of Employment Eligible Days of Leave

[0-1 year] [e.g., 4 days]

[1-3 years] [e.g., 8 days]

[3-5 years] [e.g.,12 days]

[5-7 years] [e.g.,16 days]

**[Requesting Leave**

As soon as possible after an illness or injury occurs, employees, who are ill or injured and whether eligible for leave or not, are required to provide notice to [e.g., their manager, their supervisor, Human Resources Department, Personnel Department] preferably before [e.g., 10:00 a.m., 12:00 noon] on the first day you are absent].

**[Short Term Disability**

[If your illness or injury will require you to miss more than [e.g., three, four, five, six] consecutive days of employment, you will need to [e.g., complete a Short Term Disability Form; notify Human Resources] after [e.g., two, three, four] consecutive days of work missed. Your healthcare professional will need to provide proof of your disability].

**[Medical Certification**

[[Employer] reserves the right to require a signed, written statement from the employee’s healthcare professional, verifying the existence of illness or injury]].

[[Employer] requires that an ill or injured employee provide proof of illness or injury, such as a signed note from your healthcare professional, within [e.g., 24, 48] hours of the absence.]]

**Illness, Injury and Recovery Leave Not Used**

[Illness, injury and recovery leave not used during the [e.g., calendar, fiscal] year does not carry forward to the next year.]

[[Employer] permits eligible employees to carry over [e.g., 3, 5, 7 days; 50 percent of eligible time; 100 percent of leftover time] to the next year.]

**Fraud**

When employees fraudulently invoke their benefits, they hurt everyone. For this reason, benefits fraud is prohibited.

If you suspect that someone is committing fraud, please report your good faith suspicions to [e.g., Human Resources Department, Personnel Department, Benefits Department, Compliance Department, your plan administrator].

If you do not feel comfortable reporting as listed above or if you did report and are not satisfied with the response, then you should direct your report or dissatisfaction to [e.g., Human Resources Department, Personnel Department, EEO Department, Compliance Department or the President, CEO, owner].

Please note that you are not required to confront the person or persons who have given you reason to report. However, if you experience wrongdoing, like benefit fraud, you must make a reasonable effort to make the wrongdoing known as soon as you discover it. Discussing, or reporting acts of, benefit fraud to any person not listed above does not constitute a report.

**Retaliation Prohibited**

Retaliation can include, but is not limited to, harassment, discrimination, or any other unfair treatment or abuse of power. [Employer] prohibits retaliation of any kind against those who, in good faith, report benefit fraud or who assist in the investigation of a report of benefit fraud.

Any employee or workplace participant, who retaliates against another employee or workplace participant for making a good faith report of a violation of this policy or for assisting in an investigation of a report of a violation of this policy, is subject to discipline or termination.

If you believe you (or another) are being subjected to retaliation for reporting a violation of this policy or for participating in an investigation of a violation of this policy, you should report the retaliation immediately in the manner provided above, regardless of the accused’s identity or position. Please note that you do not have to confront the person who is the source of the retaliation before reporting it, but you must report it as soon as you experience or discover it. Discussing or reporting acts of retaliation to any person not listed above does not constitute a report.

**Workplace Investigations**

A report of retaliation for reporting benefit fraud or a report of benefit fraud made to those listed above will result in an appropriate investigation. [Employer] may use third parties to investigate allegations of benefit fraud. All employees and workplace participants have a responsibility to cooperate fully with any investigation. The interviews, allegations, statements, and identities will be kept confidential, on a need-to-know basis, consistent with the law and the investigation process and goals. Unreasonable refusal to participate in an investigation may lead to discipline, including termination.

Those found to have retaliated against another in violation of this policy or violated this policy are subject to discipline including, but not limited to, termination, consistent with the law, the results of the investigation, the severity of the conduct, and the policy violator’s employment history, including any similar reports of prior fraudulent behavior and/or retaliation.

**Knowingly False Reports Prohibited**

Any employee or workplace participant who makes a knowingly false report of benefit fraud or retaliation will be subject to discipline, including termination.

**Questions About This Policy**

If you have questions, suggestions or concerns about this policy, you should direct them to [e.g., your manager, your supervisor, Human Resources Department, Personnel Department, EEO Department, Benefits Department, or Compliance Department].

If you feel uncomfortable discussing your questions, suggestions or concerns about this policy with those listed above, you can direct them to the [e.g., Human Resources Department, Personnel Department, EEO Department, Benefits Department, Compliance Department, or the President, CEO, owner.]