

NOTE
on
THE ADMINISTRATION OF SICK LEAVE
IN THE UNITED NATIONS

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Table of Contents

	<u>Paragraphs</u>	<u>page</u>
I. Summary and recommendations	1 - 2	1
II. Observations on the current sick leave situation in the United Nations	3 - 10	3
III. Certain deficiencies in the administration of sick leave	11 - 17	5
IV. Conclusions	18	7
Annex I. Description of the present sick leave administration system		
Annex II. Statistics on sick leave at UNOG and other Geneva-based organizations.		
Annex III. Medical Declaration (sample)		

I. SUMMARY

1. In 1987, a JIU review of the administration of sick leave was requested by the United Nations Department for Administration and Management (DAM). Concurrently, under the aegis of DAM, a Secretariat working group was examining current sick leave procedures. The goal of both efforts was to help establish guidelines that would contribute to a sound and uniform sick leave administration and would maximize the incidence of appropriate usage of sick leave by staff members.

2. The Inspectors found that all bureaucracies, public and private, including those of the United Nations system as a whole, have problems with the administration of sick leave and with its proper use. However, the degree of abuse of sick leave in the United Nations per se was not found by the Inspectors to be excessive in comparison with other United Nations agencies and certain national services. The Inspectors analyzed the documentation and proposals made by the Secretariat's working group on sick leave. They also had intensive discussions with officials in administrative and substantive departments and offices, with the offices of medical services in New York and Geneva, as well as with certain individual staff members selected at random. On the basis of the conclusions which were drawn therefrom and which appear at the end of the present Note the Inspectors recommend the following improvements in the administration of sick leave:

Recommendation I

Existing Staff Rules and Staff Regulations concerning sick leave should be strictly applied.

Recommendation II

Co-ordination in the administration of sick leave should be improved and the respective responsibilities of the substantive departments and offices, on the one hand, and the medical services, on the other, should be more clearly delineated.

- (a) an administrative instruction should be issued, assigning responsibility to departments or offices for the enforcement of procedures for reporting and recording daily attendance including leave and overtime;
- (b) the Medical Service should contact the doctor attending a staff member whenever it suspects abuse of certified sick leave. The system of certification used at UNOG should be considered for application throughout the United Nations Secretariat (a sample of the medical declaration is reproduced in Annex III of the present Note);
- (c) The Office of Human Resources Management should, through appropriate publicity, periodically remind the United Nations staff of their responsibilities emanating from the Staff Rules concerning sick leave.

Recommendation III

Systematic and comprehensive statistics on sick leave, both certified and uncertified, should be maintained by a designated office or department of the United Nations Secretariat.

Recommendation IV

Consideration should be given to modifying Staff Rules and consequent Administrative Instructions to provide that if no medical certificate covering sick leave has been submitted within a four-working day period after the return to duty of a staff member and if the Medical Service confirms that there is no medical justification for the late submission, the absence of a staff member would be considered as unauthorized leave. Deduction in salary for such unauthorized absence should be made unless the staff member can satisfy the Secretary-General that the late submission was due to circumstances beyond his/her control.

II. OBSERVATIONS ON THE CURRENT SICK LEAVE SITUATION
IN THE UNITED NATIONS

3. Assessment of the sick leave situation in the United Nations is hampered by the lack of relevant data. While the UNOG and UNOV Joint Medical Services maintain up-to-date systematic statistics on an annual basis, the United Nations Headquarters in New York does not. Therefore, precision in assessing the true sick leave situation is presently unattainable.

4. However, the fragmentary statistics provided to the JIU suggest that generally, sick leave is not a major problem in the Organization as a whole. Indeed, the records indicate that, on average, a total of 7 - 8 days of sick leave, both certified and uncertified, are taken annually by staff in the Professional category and above. The figure for the General Services category in the Organization as a whole amounts to some 10 - 12 days. At UNOG, where appropriate statistics have been regularly kept, average certified sick leave over the last six years has varied from 10 to 15 days, in other words, 2.7 - 4.1 per cent of the number of days in a calendar year (see Annex II).

5. The average number of sick leave days taken at UNOG is of the magnitude of that in most of the other Geneva-based international organizations, although it is interesting to observe that the annual percentages are lowest in WHO. By way of comparison with external bureaucracies, average sick leave absence at UNOG (3.3 per cent in terms of calendar days) is reportedly lower than in the public sector of the Geneva Canton (4.0 per cent) and much below the averages in the French and Belgian public sectors (about 6 and 7 per cent, respectively).

6. While there appears to be no general sick leave abuse problem in the Organization, problems do exist at the level of individual staff members and offices. The United Nations is trying to identify those offices whose staff members have a pattern of sick leave abuse. Mention has been made of problems in the Reproduction Plant and the Security Unit at United Nations Headquarters.

7. The situation in the Security Unit deserves special attention because absenteeism in this Unit, due to sickness, is the highest in the Organization. About 3,000 hours a month are lost. In the first months of this year alone (until March) 65 officers of the Unit requested sick leave. At one time during this period 50 per cent of the officers were on sick leave.

8. This situation is undoubtedly abnormal, especially since excellent health and a 1-A Medical Clearance are prerequisites for employment as a United Nations Security or Fire Officer. The special nature of security work necessitates this condition, which is reflected in the provision of Section 3.09 of the Handbook for Personnel of the Security and Safety Service stating that "A staff member's sick leave record is one of the factors taken into consideration in recommendations affecting a staff member's contractual status."

9. There are other conditions of employment which are unique to the Security and Safety Service. For example, Security Officers enjoy the benefit of a scheduled second hour of breaks per day rather than just one hour as provided in Staff Rule 101.2. Also, Security officers are credited with overtime pay for any work beyond the regular work day rather than with compensatory time off which is given to General Service staff as stipulated in Appendix B (iv) of the Staff Rules. Therefore, unscheduled absences invariably incur financial outlays as posts have to be manned by replacement officers on an overtime basis.

10. Some measures to contain illegitimate absenteeism have already been taken. Emergency or unscheduled annual leave, for example, will be granted if it is applied for at least 48 hours in advance and if the officer's absence will not incur overtime. Even this limited measure has drastically reduced the cases of unscheduled leave. It has not, unfortunately, had much impact on the level of attendance.

III. CERTAIN DEFICIENCIES IN THE ADMINISTRATION
OF SICK LEAVE

11. The United Nations system of sick leave administration is set forth in Staff Rules 106.2, 206.3 and 306.2, as well as in Administrative Instructions (ST/AI/221 being the latest) and Personnel Directives. For reference purposes this system, in particular, (a) entitlement to sick leave, (b) responsibilities, (c) recording and reporting, is described in the Annex to the present Note.

12. The provisions of the system and the experience of its functioning appear generally sound and viable to the Inspectors.

13. However, inability to combat sick leave abuse when it occurs was frequently cited to the Inspectors as one of the major deficiencies of the present sick leave administration system. According to the United Nations Medical Service, at least a quarter of all sick leave taken probably is not justified. The lack of accurate data to this effect may be attributed to the fact that the diseases causing absence today exhibit few, if any, objective diagnostic signs. Headaches, whose diagnosis is very subjective, are now a relatively frequent cause of absence from work. A number of other ailments (e.g. depression, lower back pain, diarrhoea) cited to justify absence from work usually cannot be either confirmed or denied by a doctor who is often unable in such cases to determine the extent to which work ability is impaired. Therefore, the Inspectors were told, physicians often do not hesitate to write a "sick leave note" whenever requested.

14. Nevertheless, the Inspectors believe that abuses of the system are frequently attributable to management inadequacies. Thus, for example, supervisors are often aware of abuses of the system by staff members, but either totally ignore them or react too tolerantly. In some instances, department executives need more support from the Personnel Office.

15. As a result, Staff Rules and Regulations as well as relevant Administrative Instructions and Personnel Directives are not being strictly applied. Moreover, these documents themselves contain loopholes which allow

staff members: (a) often not to inform respective secretariats about being sick; (b) to submit medical certificates with delay or not to submit them at all; (c) to submit "end-of-year" certificates in some offices as common practice; (d) to consider the days of non-certified sick leave to which they are entitled as personal days to be used without regard to their state of health; and e) to submit unverifiable certifications of sick leave in connection with annual leave away from duty stations, and in connection with home leave.

16. The Staff Rule itself dealing with sick leave (Rule 106.2) leaves a certain margin for abuse. This Staff Rule, for example, does not contain any provision for disciplinary action in cases of unauthorized absences. It should ideally be possible to charge days of unauthorized absence to leave without pay. This would serve the dual purpose of deterring staff members from unauthorized absenteeism and, if it still occurs, of rendering it cost-neutral to the Organization. Another deficiency of the system is that when it comes to sick leave almost the whole burden of responsibility is placed on the Medical Service, a burden which, in the Inspectors' view, should be shared with personnel administration and with individual supervisors.

IV. CONCLUSIONS

17. As a result of an examination of the relevant documentation, the proposals made by the working group on sick leave, and consultations held with the officials of the medical services, several substantive departments, the Office of Human Resources Management, as well as with some staff members, the Inspectors came to the following conclusions:

(a) there is no general sick leave abuse problem in the United Nations, although abuse exists at the level of individual staff members and offices. Introduction of specific measures, such as a roving doctor, to verify the validity of sick leave absences on a spot check basis, are not presently justified;

(b) a centralized systematic battery of sick leave statistics in the United Nations Headquarters should be established and maintained;

(c) the medical services' officers are not provided by substantive departments with statistics on uncertified sick leave taken by staff members. Administration of sick leave should become a "shared responsibility" of medical services and substantive departments;

(d) the staff rule dealing with sick leave leads to certain abuses of the sick leave administration system;

(e) staff members often have a much better idea about their sick leave entitlements than their responsibilities emanating from the relevant articles of the Staff Rules; these responsibilities concerning both certified and non-certified sick leave should be publicized.

PRESENT SYSTEM OF SICK LEAVE ADMINISTRATION

A. Entitlement to sick leave

1. As shown below, the United Nations staff rules provide for different entitlement to sick leave for staff members who are incapacitated by illness or injury or whose attendance is prevented by public health requirements, depending on the nature of appointments of staff members.

2. Appointments of less than one year. Under the terms of staff rules 106.2 (a) (ii), 206.3 (a) (i) and 306.2 (b), all staff members other than dispatchers and guides holding an appointment of less than one year have a maximum entitlement to sick leave (whether certified or not certified) equivalent to two working days for each month of contractual service. Under the terms of staff rule 406.2 (b), dispatchers and guides have a maximum entitlement to sick leave (whether certified or non-certified) equivalent to one and one-half working days for each month of contractual service. Upon appointment, such staff members are credited with the full amount of sick leave which will accrue during the whole period of their appointment. For General Assembly appointments, where the exact terminal date is not specified in advance, three months' credit, i.e., six days, is given. The benefit of the full amount of the sick leave credit is dependent upon actual completion of the whole period of service, as stated in the staff member's letter of appointment. (ST/A1/221).

3. Probationary appointments, fixed-term appointment of one year or more but less than five years, project personnel in intermediate status. Under the terms of Staff Rule 106.2 (a) (iii) and 206.3 (a) (ii), staff members in the contractual status noted above have a maximum entitlement to sick leave of three months on full salary and three months on half salary in any period of 12 consecutive months, provided that the amount of sick leave permitted in any four consecutive years^{1/} does not exceed 18 months, nine months on full salary and nine months on half salary.

^{1/} It should be noted that "four years" is a running period reaching back four years from the month in which new sick leave is required.

4. Permanent appointments, regular appointments, indefinite appointments, staff members who hold fixed-term appointments for five years or who have completed five years of continuous service. Under the terms of Staff Rule 106.2 (a) (iv), staff members in the contractual status noted above have a maximum entitlement to sick leave of nine months on full salary and nine months on half salary in any period of four consecutive years^{2/}

5. Project personnel in long-term status or on programme appointments. Under the terms of Staff Rule 206.3 (a) (iii), staff members in the contractual status noted above have a maximum entitlement to sick leave of six months on full salary and six months on half salary in any period of 12 consecutive months, provided that the amount of sick leave permitted in any four consecutive years^{2/} does not exceed 18 months, nine months on full salary and nine months on half salary.

6. Staff members are allowed both non-certified and certified sick leave.

(a) Non-certified sick leave. All staff members appointed under the 100 and 400 series of the Staff Rules may have, subject to their total sick leave entitlement, no more than seven days of non-certified sick leave within one year. Staff members appointed under the 300 series of the Staff Rules may have, subject to their total sick leave entitlement, no more than three days of non-certified sick leave within any period of six months of continuous service. Staff members appointed under the 200 series of the Staff Rules have no automatic entitlement to non-certified sick leave.

(b) Certified sick leave. Under the relevant staff rules of the 100, 200, 300 and 400 series, medical certificates from a duly qualified medical practitioner are required when sick leave continues for periods of more than three^{3/} consecutive working days and for all sick leave in excess of the

^{2/} It should be noted that "four years" is a running period reaching back four years from the month in which new sick leave is required.

^{3/} More than two days in the case of staff members appointed under the 300 series of the Staff Rules; five or more days in the case of staff members appointed under the 200 series of the Staff Rules.

staff member's entitlement to non-certified sick leave. The staff member has the option of providing a medical certificate for periods of sick leave which are shorter than the period requiring certification under the respective Staff Rules. In such cases, if the medical certificate is accepted by the Medical Service, the absence on sick leave for the period certified becomes chargeable to certified sick leave.

7. Sick leave in excess of entitlements. In accordance with staff rules 106.2 (a) (vii), 206.3 (b), 306.2 (d) and 406.2 (e), any sick leave which is not certified and which exceeds the staff member's sick leave entitlement will be deducted from the staff member's annual leave entitlement, if any, or charged as special leave without pay.

B. Responsibilities

8. Staff rules, administrative instructions (particularly ST/AI/221) and Personnel directives envisage the division of responsibilities regarding sick leave administration, including conditions for granting as well as recording of sick leave. They provide sufficient framework for interpretation of the appropriate staff rules and contain guidelines for the proper application of the staff rules in cases of exhaustion and renewal of entitlements, combination of sick leave on half pay with annual leave, combination of sick leave on half pay with half-time duty, extension of fixed-term appointments for utilization of sick-leave entitlements.

9. In accordance with staff rules and administrative instructions, staff member is responsible for informing the supervisor promptly of absence due to illness or injury, providing to the medical service directly and promptly medical certificates when these are required to substantiate sick leave charges and returning promptly to the time clerk the leave report required for each absence. He also, whilst on sick leave, should not leave the area of the duty station without prior approval of the Secretary-General (Rule 106.2(ix)).

10. The staff rules also provide that "all sick leave must be approved on behalf of the Secretary-General" (Rule 106.2(i)). The Medical Service is vested with this responsibility, which also determines physical fitness for work in cases of illness, injury or pregnancy. However, in the interest of more efficient administration of sick leave a simplified procedure has been introduced in dealing with certain types of cases. Thus, sick leave reports may be approved by the payroll approving officers of the departments or office concerned and referral to the Medical Service is not required in the following instances:

- (a) When the period of absence due to illness or injury has already been certified by the Medical Service on the basis of a "sent home" slip (form MED L.1); or
- (b) When a staff member claims sick leave for half a day on account of a visit to a doctor (or dentist), the sick leave may be granted on production of a medical certificate simply stating that the staff member attended the doctor (or dentist).

In general, the department or office is responsible for enforcing procedures for reporting and recording daily attendance, including sick leave. To this end the executive or administrative officer designates one or more payroll approving officers in the department or office.

C. Recording and Reporting

11. Sick leave is recorded on a monthly basis and absences on sick leave are counted in units of whole or half working days. For each period that the staff member is absent on sick leave a leave report (in original only) should be prepared by the time clerk for the signature of the staff member and the supervisor (approving officer). The Administrative Instruction ST/AI/221 requires that the leave report should be completed at the end of the leave period or at the end of 10 working days, whichever is earlier. Since as

mentioned in para. 9 above it is the responsibility of the staff member to send his medical certificate to the Medical Service, the time clerk may inquire of the staff member upon his return to duty whether a medical certificate has been or will be submitted to the Medical Service.

12. When certification is required, the leave report should be retained in the issuing department or office up to the first 10 working days of absence. If the staff member returns to duty during this period, the date of the return should be entered on the leave report; if the staff member indicates that a medical certificate has been or will be submitted to the Medical Service, the report, after signature of the staff member and supervisor should be retained in the issuing department or office for 10 working days following the staff member's return to duty pending notification of certification of the related sick leave by the Medical Service. If no advice from the Medical Service has been received by the end of this period, the payroll approving officer should consult with the Medical Service as to whether certification is forthcoming.

13. If the staff member has not returned at the end of 10 working days, the report should be submitted to the Medical Service with the remark: "Absence continues". The time clerk then completes a new leave report for each subsequent 10 working days of absence. In cases where the staff member remains on sick leave for 20 working days or more, the time clerk should so inform the payroll approving officer, who examines the leave reports of the staff member for the four-year period preceding the initial date of the current sick leave period and notes the separate totals of certified and non-certified sick leave taken by year. By memorandum, he should notify the department executive or personnel officers of the staff member's sick leave situation.

14. The payroll approving officer should keep a chronological log of leave reports submitted to the Medical Service, indicating date of submission, the name of the staff member and the period of absence covered. As approved leave reports are returned, entries should be stricken from this record.

Table 1. Annual average of days taken as certified sick leave,
per staff member in Geneva.

	1982	1983	1984	1985	1986	1987
UNOG	11.19	11.72	9.69	14.97	11.61	12.73
ILO	11.15	11.95	10.55	10.83	10.97	13.53
WHO	9.27	9.97	8.86	9.40	8.70	8.63
ITU	11.16	11.40	8.95	11.03	10.24	10.27
GATT	11.66	12.83	8.56	9.38	9.65	11.75
ITC	11.87	11.70	10.00	11.43	11.95	9.54
WMO	15.06	12.36	14.60	13.23	16.40	11.75
WIPO	11.54	8.01	9.74	10.23	9.55	8.98
UNICEF	14.89	9.85	8.94	11.42	13.43	5.84
General average	11.14	11.35	9.78	12.37	10.96	11.56

Table 2. Annual average of days taken as certified sick
leave, per staff member in Geneva.
(percentage)

	1982	1983	1984	1985	1986	1987
UNOG	3.07	3.21	2.65	4.10	3.18	3.49
ILO	3.05	3.27	2.89	2.97	3.00	3.71
WHO	2.54	2.73	2.43	2.58	2.38	2.36
ITU	3.06	3.12	2.45	3.02	2.81	2.81
GATT	3.19	3.52	2.35	2.57	2.64	3.22
ITC	3.25	3.21	2.74	3.13	3.27	2.61
WMO	4.13	3.39	4.00	3.62	4.49	3.22
WIPO	3.16	2.19	2.67	2.80	2.61	2.46
UNICEF	4.08	2.70	2.45	3.13	3.68	1.60
General average	3.05	3.11	2.68	3.39	3.00	3.17

Source: Joint Medical Service for the United Nations and Specialized Agencies at Geneva.

DECLARATION POUR DIRECTEUR DU SERVICE MEDICAL

PERSONNEL ET CONFIDENTIEL

Mon cher Confrère,

Je vous informe, (avec son assentiment)⁽¹⁾

que M _____

(Nom)

(Prénom)

(Organisation)

est en traitement auprès de moi depuis le _____

a) Nature de l'affection: _____

b) Durée probable de l'incapacité éventuelle de travail⁽²⁾

du _____ au _____

Date: _____ Signature: _____

(1) Cette pièce est destinée aux dossiers confidentiels du Service médical et ne sera en aucun cas communiquée à l'administration.

(2) Prière d'éviter la mention "indéterminée" et d'indiquer la durée minimum jugée nécessaire en mentionnant l'éventuelle possibilité d'une prolongation.

Unofficial English translation

MEDICAL DECLARATION

FOR THE ATTENTION OF DIRECTOR OF THE MEDICAL SERVICE

PERSONAL AND CONFIDENTIAL

Dear Colleague,

I would like to inform you (with my patient's consent)⁽¹⁾

that _____

(Family name)

(First name)

(Organization)

has been treated by me since _____

a) for (nature of illness) _____

b) will be (has been) unable to work⁽²⁾

from _____ to _____

Date: _____ Signature: _____

(1) This paper is intended for the Medical Service's confidential files, and should not in any way be communicated to the Administration.

(2) Please avoid stating "indefinite" and indicate the minimum duration of illness; state, if necessary, the possibility of an extension.

