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| DEPARTMENT: Human Resource Division | POLICY NUMBER: DPOTMH-APP-COMPBM-P003-(01) | | |
| TITLE/DESCRIPTION: SICK LEAVE & INCENTIVE HEALTH LEAVE/BONUS | | | |
| EFFECTIVE DATE: March 14, 2025 | REVISION DUE: March 13, 2028 | REPLACES NUMBER: DPOTMH-HRD-COMPBM-P002 | NO. OF PAGES: 1 of 9 |
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| PURPOSE: To establish the standard procedure in the availment of the company Sick Leave and Incentive Health Leave/Bonuses |
| DEFINITIONS: Sick Leave and Incentive Health Leave/Bonus -This is a 5 day and 10-day leave with pay benefit; respectively, granted to all permanent employees who have rendered at least one (1) year of continuous service from date of probationary. |
| RESPONSIBILITY: All employees, Section/Department/Division Heads, Corporate Human Resource Officer, Compensation Head, Labor Relations Head, HR-Benefits Staff and HR-Labor Relations Staff |
| POLICY: <ol style="list-style-type: none">1. Based on the Collective Bargaining Agreement, a 5-day sick leave and 10-day Incentive Health Leave shall be granted to all permanent employees who have rendered at least one year of continuous service from the date of probationary employment in the Hospital.2. For prolonged or continuous sick leave five (5) days or more, the employee shall have the following options:<ol style="list-style-type: none">2.1 Charge the whole sick leaves to his 5-day company's Sick Leave and 10-day Incentive Health Leave.2.2 Charge the first five (5) days to his 5-day company's Sick Leave and the balance to SSS Sickness Benefit.3. If the 5-day company sick leave and 10-day Incentive Health Leave of the employee have been used up, the sick leave of four (4) days or more shall be forwarded to Social Security System chargeable to the employee's SSS Sickness Benefit.4. The notification for sick leave thru phone call commonly called as "Sick Call" shall be done two (2) hours prior to employee's scheduled duty. |



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5. Medical Certificate required Sick Leave

5.1 Consecutive

- 5.1.1 For sick leave three (3) days or more, the employee shall secure Medical Certificate from the Company's Physician.
- 5.1.2 The employee shall proceed to the Company Nurse at the Employees' Clinic.
- 5.1.3 Medical Certificate from the Company Physician.
- 5.1.4 If the Medical Certificate is issued by another or private doctor, the employee shall secure counter signature of the Company Physician on the day of sick leave during weekdays and by Junior Medical Consultant (at OPD/ER) during weekends.
- 5.1.5 Upon return to work, "Fit-to-work" clearance with counter signature of the Company Physician; logged by Company Nurses' initial.

5.2 Staggered

- 5.2.1 *In the event that an employee accumulates a total of four (4) days of sick leave within a month, a fit-to-work certification from the Company Physician will be required on the fourth occurrence of leave.*
- 5.2.2 If an employee takes four days of sick leave per month, for a total of four months in a year, the employee shall undergo a complete physical examination at own expense.

Illustration for Staggered Sick Leave:

| Covered Months | Number of SL availed | Required Clearance |
|----------------|----------------------|--|
| January | 4 days | Medical Certificate / Fit-to-work |
| February | None | N/A |
| March | None | N/A |
| April | 4 days | Medical Certificate / Fit-to-work |
| May | 4 days | Medical Certificate / Fit-to-work |
| June | None | N/A |
| July | None | N/A |
| August | 4 days | Complete Physical Examination &Fit-to-work |
| September | None | N/A |
| October | None | N/A |
| November | None | N/A |
| December | None | N/A |





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5.2.3 Failure to secure medical certificate/fit-to-work on complete Physical Examination shall be dealt with in accordance to Code of Discipline on the ground of insubordination.

6. The employee or immediate head applies sick leave using the Online Leaves Application in the communicator before the payroll cut-off.
7. The Medical Certificate and “Fit-to-work” clearance shall be submitted to HR upon return to work. The HR staff issues a Clearance Slip to the employee. The employee submits the clearance slip to the immediate head.
8. At the discretion of the Management, an employee who takes at least five (5) days sick leave may be audited through a home visit to be conducted by the Company Nurse or HR Staff.
9. The employee shall file their unused sick leave and incentive health bonus one-month prior their anniversary date. Filing for unused sick leave and incentive health bonus between months or after the anniversary date **shall not be allowed**.
10. The employee shall claim their unused sick leave and incentive health bonus on their anniversary month and shall be paid based on their current monthly rate. This privilege is non-cumulative, no extension allowed beyond anniversary month.





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Illustration 1. Appropriate availment of unused sick leave and incentive health leave/bonus.

| DETAILS | REMARKS | PAYOUT SCHEDULE |
|--|--------------------------------|-----------------|
| Date Hired | July 16, 2022 | July 7, 2023 |
| Sick Leave Credits | 15 days | |
| Accrue Period | July 16, 2022 to July 15, 2023 | |
| Availment Period | July 16, 2023 to July 15, 2024 | |
| FILING DATE OF UNUSED SICK LEAVE MUST BE ONE (1) MONTH BEFORE ANNIVERSARY DATE | June 16, 2023 | |

11. Furthermore, the employee shall apply for unused sick leave conversion to cash one (1) month prior from the anniversary date and be paid based on the employee's current monthly rate, as follows:

| Date Hired/Anniversary Date | Cut-off Period | Schedule of Payment |
|---|---|--|
| Between 1 ST TO 15 TH of the Current Month | Every 10 th of the Current Month | Payroll pay-out on the 22 nd of the current month |
| Between 16 TH TO 30 TH /31 ST of the Current Month | Every 25th of the Current Month | Payroll pay-out on the 7th of the succeeding month |



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PROCEDURE (SOP):

1. Upon eligibility, the employee avails of his sick leave benefit in cases of sickness and the other-related health problems.
2. The sick employee informs his Immediate Supervisor or Department Head of his absence at least 2 hours before his scheduled today.
3. For sick leave 3 days or more the employee secured the following:
 - a) Medical Certificate from the Company Physician at the Employees' Company Clinic.
 - If the Medical Certificate is issued by another or private doctor, the employee must secure counter signature of the Company Physician, on the day of his sick leave during weekdays and by the Junior Medical Consultant (at OPD/ER) during weekends.
 - b) Upon return to work, "Fit-to-work" clearance with counter signature of the Company Physician; logged by Company Nurses' initial.
4. The employee or immediate head applies sick leave using the Online Leaves Application in the communicator.
5. The issued "Fit-to-work" clearance with signature of the company physician shall be verified by the company nurse.
6. The Medical Certificate and "Fit-to-work" clearance shall be submitted to HR upon return to work.
7. The HR staff issues Clearance Slip to employee.
8. The Employee submits Clearance Slip to immediate Head.





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WORK INSTRUCTION:

| KEY TASK | PERSON RESPONSIBLE |
|--|------------------------------|
| 1. Informs his Immediate Supervisor or Department Head of his absence at least two (2) hours before his scheduled duty. | Employee |
| 2. Applies sick leave using the Online Leaves. | |
| 3. Verifies the issued "Fit-to-work" clearance with signature or countersigned of the Company Physician. | Company Nurse |
| 4. Submits the Medical Certificate and "Fit-to-work: clearance to HR upon return to work. | Employee |
| 5. Submits Clearance Slip to Immediate Head. | |
| 6. Issues Clearance slip to employee. | |
| 7. Processes the payment of Unused Sick Leave and Incentive Health Benefits for submission to the Payroll Supervisor for review and processing of payment. | HR staff |
| 8. Monitor & Reports number of sick leave incurred or filed by the staff to the HR. | Department Head/Section Head |
| 9. Reviews and verify report. | HR Staff |





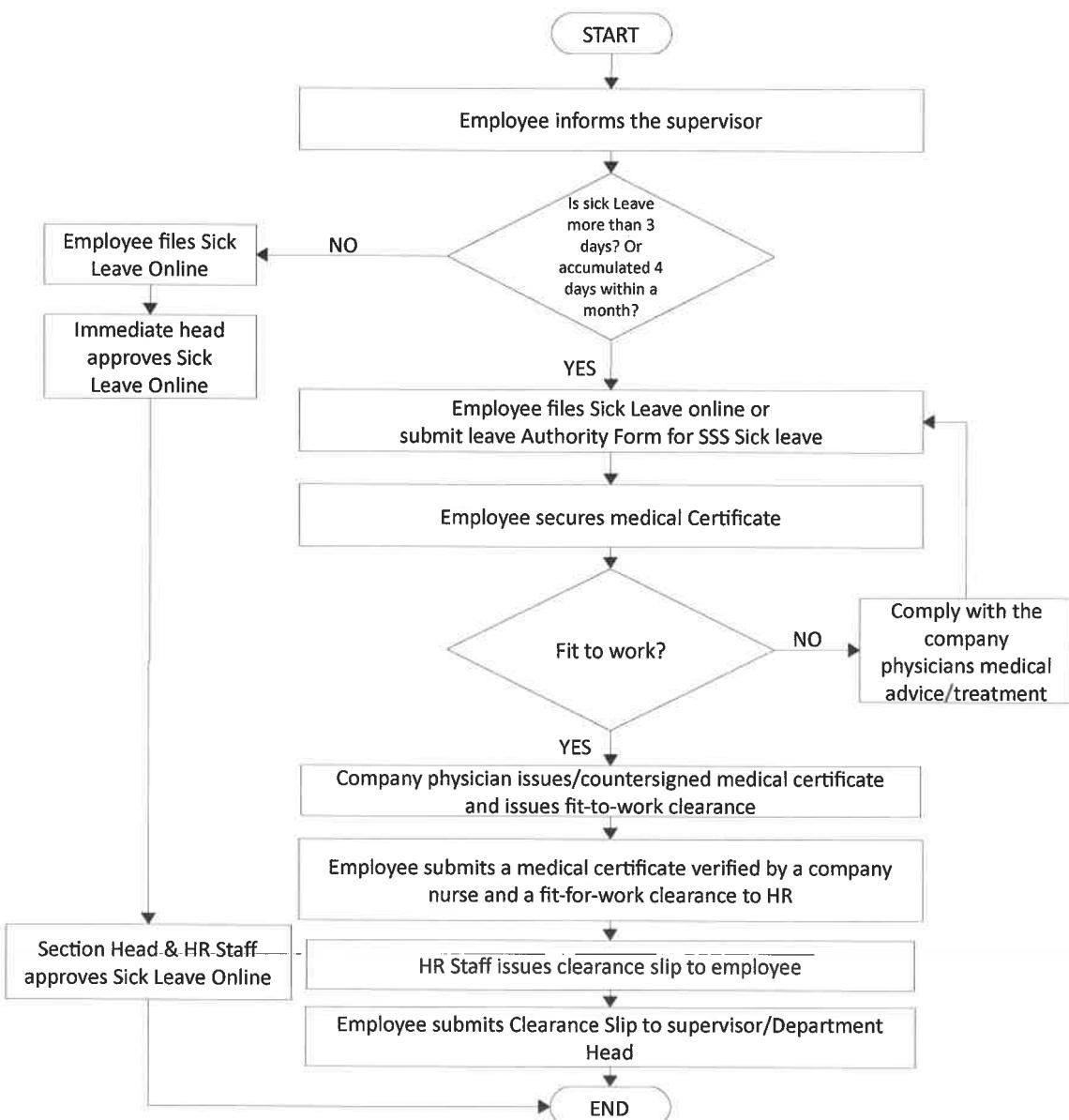
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WORK FLOW:





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| FORMS: 1. COMPBEN-F001(01)-Leave Authority 2. COMPBEN-F005 (01)-Medical Certificate |
| EQUIPMENT: N/A |
| REFERENCES: N/A |





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| APPROVAL: | | | | |
|---------------------|---|-----------|------------|-----------|
| | Name/Title | Signature | Date | TQM Stamp |
| Prepared by: | RIO MARIE S. GOLVIO Compensation and Benefits Supervisor | | 3/7/25 | |
| | JOYCEE A. MESA Acting OD Specialist | | 3/7/25 | |
| Reviewed by: | WENDY MAE D. GOMEZ Accreditation & Documentation Manager | | 3/10/25 | |
| | DHESBER O. ARUTA Company Nurse | | 3/11/2025 | |
| Approved by: | NANCY B. HIZON Human Resources Division Head | | 3/13/2025 | |
| | RODEL J. LLAVE Total Quality Division Head | | 3/17/25 | |
| | HANNAH KHAY S. TREYES Chief Nursing Officer | | 3/19/2025 | |
| | JULIE ANNE CHRISTINE J. KO Chief Finance Officer | | 3/25/25 | |
| | NOEL P. GARBO General Services Head | | 3/26/2025 | |
| | ROSARIO D. ABARING Ancillary Division Head | | 04.07.2025 | |
| | JOSE PEPITO B. MALAPITAN, MD Medical Director | | 09-10-2025 | |
| | MA. ANTONIA S. GENSOLO, MD VP/ Chief Medical Officer | | 4-10-25 | |
| | SOCORRO VICTORIA L. DE LEON VP/ Chief Operating Officer | | 09/11/2025 | |
| | Final Approved by: GENESIS GOLDI D. GOLINGAN President and Chief Executive Officer | | 09/22/25 | |

