



INCAPACITY / POOR WORK PERFORMANCE / ILL HEALTH POLICY

Contents

1.	INTRODUCTION.....	3
2.	SCOPE	3
3.	OBJECTIVES.....	3
4.	PRINCIPLES.....	3
5.	CAPACITY INVESTIGATION PROCEDURE.....	4
6.	PROCESS.....	4
	ANNEXURE A: INCAPACITY INVESTIGATION	6
	ANNEXURE B: INCAPACITY REPORT COVER LETTER.....	8
	ANNEXURE C: INCAPACITY REPORT	9

1. INTRODUCTION

Montego Pet Nutrition prioritises our employees' well-being to ensure our business's growth and our staff's health. We are committed to supporting our employees if they cannot perform their duties due to various forms of incapacity, including health-related issues, personal circumstances, and external factors.

In cases of temporary incapacity, we will provide support until the employee can return. However, if the incapacity is permanent or likely to become permanent, it will be regarded as an incapacity issue rather than poor performance.

2. SCOPE

This Policy applies to all Montego Pet Nutrition employees.

3. OBJECTIVES

- To provide procedures for assisting employees who cannot perform their duties due to incapacity, including ill health, personal circumstances, or external factors.
- To provide guidelines for the termination of employment of employees as a result of incapacity.

4. PRINCIPLES

- The policy is a guideline for managing incapacity or non-performance linked to ill health, personal circumstances, or external factors.
- The procedure should not be used in cases of apparent sick leave abuse, as this constitutes misconduct.
- In cases of substance abuse, this procedure can only be used if the abuse is linked to an incapacity issue. If a pattern of constant intoxication or drug dependency is evident, the case must be managed according to the Disciplinary Code.
- Evidence from a qualified professional is critical in determining whether to proceed with an employee under this procedure.

Typical cases where this procedure may be applied include, but are not limited to:

- The employee has exhausted their sick leave for the current cycle due to the same or related incapacity.
- The employee has been granted disability leave multiple times for the same or related incapacity under the new leave provisions.
- There is reasonable suspicion or awareness that the employee suffers from a chronic illness or personal circumstance that negatively impacts performance.
- The employee has suffered a serious accident resulting in significant health issues or injuries that will permanently affect their ability to perform their job.
- There is reasonable suspicion or awareness that the employee is dealing with substance dependency.
- The employee's job performance is declining due to incapacity.

5. CAPACITY INVESTIGATION PROCEDURE

If a manager/supervisor believes that an employee is not performing their job as expected due to incapacity, the following steps will be taken:

- 5.1 The employee will be informed in writing about the perceived poor work performance linked to incapacity.
- 5.2 A meeting will be scheduled with the employee, allowing them to invite their trade union representative and a fellow employee to attend.

During the meeting, the manager/supervisor will:

- 5.3 Explain the job requirements, skills competency, and nature of the job.
- 5.4 Evaluate the employee's performance based on these job requirements.
- 5.5 Communicate the reasons for the perceived poor performance.
- 5.6 Listen to the employee or their representative regarding whether the employee has met the job requirements, allowing them to provide reasons for their perceived incapacity.

If necessary, the manager/supervisor will:

- 5.7 Develop and initiate a formal counselling and support program to help the employee reach the required performance standard.
- 5.8 Address any factors beyond employees' control that may affect their performance.

The program will include:

- 5.9 Assessing the time frame needed to overcome incapacity with the employee.
- 5.10 Establishing a realistic time frame for the employee to meet the required performance standard.
- 5.11 Providing adequate training and/or counselling sessions as necessary.

Suppose the incapacity is not remedied within the established time frames. In that case, the manager/supervisor will provide the employee with a written procedure outcome and meet again to explain the outcome and the measures to be taken.

- 5.12 The HR Manager/Representative will record all counselling sessions/meetings.

After consulting with the employee, the manager/supervisor will consider whether:

- 5.13 To continue providing guidance and support and establish a further appropriate period for the employee to meet the required performance standard
- 5.14 To mentor the employee.
- 5.15 To initiate disciplinary procedures.
- 5.16 To dismiss the employee in appropriate circumstances.

6. PROCESS

The following steps are to be followed if an Employee is found not to be performing or performing sub-standard due to incapacity:

Step 1 - Investigation

The Manager/Supervisor, with the assistance of Human Resources, will:

- Investigate to determine the extent of the employee's incapacity.

- Obtain relevant medical evidence on the employee's condition (e.g., from their medical practitioner or an independent medical practitioner). Montego Pet Nutrition will bear the cost of an independent medical evaluation.
- Allow the employee or their trade union representative to state the employee's case and provide input on all issues being investigated (see Annexure "A" for example).
- Determine whether the nature of the incapacity is temporary or permanent.

For the investigation, the following must be considered:

- Nature of the job
- Likely period of absence
- Seriousness of illness, injury, or personal circumstance
- Remuneration of the employee during absence
- Possibility of securing a temporary replacement

Step 2 - Compile a report.

Provide the employee with a written report on the investigation (see Annexure "B & C" for example) that sets out the investigation results.

Step 3 - Take the following action:

If the investigation results indicate temporary incapacity, a plan should be made to cover the expected period of the employee's absence. This could involve a temporary appointment, secondment of another officer, assigning work to another employee, etc. Further disability leave should also be considered at this stage.

If incapacity proves to be permanent, consider the following options for the employee:

- Secure alternative employment for the employee.
- Adapt the employee's work circumstances to accommodate their incapacity.
- Offer boarding on grounds of incapacity, subject to the retirement funds agreeing to medically board the employee.
-

If the incapacity arises from substance abuse, consider the following actions:

- Counselling.
- Encourage the employee to attend rehabilitation.
- Establish a formal rehabilitation programme, which the employee is required to follow.
- Involve disciplinary procedures.

In cases where the employee fails to follow the formal programme, attend rehabilitation, or address the problem of substance abuse, they must receive a written report and consultation (see Annexure "B & C" for example). Should termination of the employee's services due to non-cooperation be considered, the normal disciplinary process must be followed.

Dismissal arising from incapacity:

Montego Pet Nutrition may terminate the employee's employment if, after following the steps above, the employee cannot perform their duties, and no further assistance or alternatives can be established.

1. Employee Information

Employee Name	
Date of Investigation	
Employee Number	
Department	
Designation	
Time Issued	
Investigation Issued by	
Issuer's Designation	

Type of Incapacity	Mark with an "X" where applicable
III Health/Disability	[]
Injury	[]
Poor Performance	[]
Other Personal Circumstances	[]

Due to the following reason(s), an investigation into your incapacity has been initiated under the Incapacity Policy. You are required to respond to these concerns:

Reason	Details
Excessive Sick/Disability Leave	Granted _____ days over past ____ months.
Ongoing Performance Concerns	
Other Personal Circumstances Affecting Duties	

The following issues are under investigation, and you are requested to provide feedback:

[illegible]

Please provide your input on the above issues by (Insert Deadline Date). You are entitled to be accompanied by a Trade Union Representative or a co-employee to act on your behalf.

Provide details of your case in response to the investigation below (attach additional pages if necessary):

[illegible]

Signature Details	Employee	Manager/Issuer	Witness
Name			
Signature			
Date			

The witness confirms that the form and the reasons for the incapacity investigation have been explained to the employee. Signed _____

ANNEXURE B: INCAPACITY REPORT COVER LETTER

1. Employee Information

Employee Details	Information
Employee Name	
Employee Number	
Department	
Designation	
Date	
Time Issued	___ H ___
Issued by	
Issuer's Designation	

2. Investigation Summary

In the letter dated [Insert Date], you were invited to submit input for the investigation into your incapacity due to ill health, injury, or other personal circumstances that may affect your ability to perform your duties.

The investigation has now been concluded, and I am providing the results below:

3. Results of the Investigation

This report contains findings on the following aspects of incapacity based on the evidence collected:

Aspect	Details of Findings
Ill Health	Description of the health condition, impact on performance, and medical records.
Injury	Details of the injury and how it has affected job responsibilities.
Other Circumstances	Description of additional factors, such as mental health issues or family emergencies.

4. Employee Input and Next Steps

Section	Details
Employee Input	You provided the following inputs during the investigation:
	1.
	2.
	3.

5. Signatures and Acknowledgements

The following parties acknowledge receipt and understanding of this report:

Signature Details	Employee	Manager/Issuer	Witness (if applicable)
Name			
Signature			
Date			

ANNEXURE C: INCAPACITY REPORT

1. Employee Information

Employee Details	Information
Employee Name	
Employee Number	
Department	
Designation	
Date	
Time Issued	___ H ___
Issued by	
Issuer's Designation	

2. Report Summary

In the letter dated [Insert Date], you were invited to provide input on the investigation regarding your incapacity, which may involve ill health, injury, poor performance, or other personal circumstances affecting your ability to perform your duties. The investigation has been concluded, and below is a detailed summary of the findings.

3. Investigation Findings

Category	Details of Findings
Ill Health (if applicable)	
Description of the Health Issue	
Impact on Work Performance	
Medical Evidence Provided	
Injury (if applicable)	
Details of the Injury	
Impact on Job Responsibilities	
Medical Evidence Provided	
Poor Work Performance (if applicable)	
Description of Poor Performance	
Areas Where Employee Failed to Meet Standards	
Contributing Factors	(e.g., lack of training, support):
Actions Already Taken to Assist Employee	(e.g., training, counselling):
Other Personal Circumstances (if applicable)	
Description of Personal Circumstances	(e.g., family emergency, mental health, financial stress):
Impact on Job Performance	
Supportive Measures Provided	(e.g., counselling, leave):

4. Outcome and Recommendations

Based on the findings from the investigation, the following actions and recommendations are proposed:

Recommendations

5. Communication of Outcome

A final decision regarding your incapacity will be made shortly. You will be informed of any further actions or steps, including reasonable accommodations, duties adjustments, or disciplinary measures if necessary. If you would like to discuss the findings further or provide additional input, please do not hesitate to contact me before making the final decision.

6. Signatures and Acknowledgements

The following parties acknowledge receipt of this report and understanding of the investigation findings:

Signature Details	Employee	Manager/Issuer	Witness (if applicable)
Name			
Signature			
Date			