DEMOCRATIC REPUBLIC OF TIMOR-LESTE

GOVERNMENT

Government Decree No. /2004

On the Regime for Certified Sick Leave

Both the Statute of the Civil Service approved by Law No. 8/2004, of 16 June, and the Labour Code, approved by UNTAET Regulation No. 2002/5, of 1 May, provide for the certification of absences from work on medical grounds, there being a need to regulate the manner in which to prove the stated situation through the production of medical attestations confirming unfitness for work.

The shortage of physicians with which Timor-Leste is confronted as a result of the size of its population, and the existence of other health professionals who have recognised competence to perform functions in the area of diagnosis, prescription and treatment of certain diseases in given situations, warrants that nurses be conferred temporary competence to issue the abovementioned attestations.

Thus, pursuant to subarticle 53.2 of Law No. 8/2004, of 16 June, and subarticle 35.4 of UNTAET Regulation No. 2002/5, of 1May, the Government enacts the following, to have the force of regulation:

Article 1 Means of Certification

1- Situations of absence from work on medical grounds by employees of any entities, whether public or private, and irrespective of their employment regime, shall be certified by way of medical attestations.

2- Medical attestations shall be handed over to the employer or supervisor before absence from work or within five days of reporting back to work.

Article 2 Competent Entities

The following health professionals, registered as such by the Ministry of Health, shall have competence to issue medical attestations:

- (a) medical doctors;
- (b) medical nurses;
- (c) dentists, in the case of illness related to their area of specialisation;
- (d) midwifery nurses, in the case of illness related to their area of specialisation.

Article 3 Requirements for Medical Attestations

1- Medical attestations shall be issued under the pledge of honour and in accordance with the form shown in Annex I to this decree, in letterhead paper, if any, of the respective health professional or in letterhead paper of the institution, public or private, where the patient was examined or admitted, as the case may be, and shall, in either situation, contain the following elements pertaining to the health professional issuing them:

- (a) the name of the health professional;
- (b) profession and speciality;
- (c) registration number with the Ministry of Health;
- (d) professional domicile, in the case of independent professionals, or the identification of the health institution, public or private, where the professional is practising his or her profession, in the case of hired workers.

2- In the case of admission to a health institution, the attestation shall be confirmed by the director of the institution where the patient is staying.

3- Medical attestations shall also contain, in either case, the following elements relating to the sick worker:

- (a) the name and home address of the worker;
- (b) the ID or passport number;
- (c) a letter stating that the worker finds himself or herself in a state of illness that hinders him or her from reporting to work;
- (d) the estimated duration of such impediment;
- (e) an indication of whether the patient has been admitted to the health institution or not.

Article 4 Validity

1- Medical attestations are valid for the period of time indicated by the health professional, which shall not exceed 15 days.

2- Whenever there are medical doctors, the maximum period to be indicated by nurses shall not exceed 5 days.

3- If the state of illness continues beyond the period of time indicated in the previous attestation, a new attestation shall be issued, while keeping the stated time limit of 15 days as the maximum total length of time for certified sick leave.

Article 5 Confirmation and Verification

1- With the exception of cases of admission to a public health institution, where the employee fails to report to work after the stated maximum total length of time of 15 days, the employer or supervisor shall, in whatever manner deemed appropriate, ask the health

centre or hospital, in the area where the employee is staying, for a confirmation of the state of illness.

2- Regardless of the stated time limit, or of the worker being admitted to a health institution, the employer or supervisor may ask the Ministry of Health to verify the alleged state of illness, whenever the worker's attitudes reveal a fraudulent behaviour.

Article 6 Confirmation Procedures

1- Confirmation of sickness shall, as per the form shown in Annex 2, be made by a medical doctor from the health centre or hospital in the area where the worker is staying, who shall always be a medical doctor other than the one who has issued the previous attestation(s) relating to the same state of illness.

2- The set date and venue for confirmation of the illness shall, by any appropriate means, be communicated to the worker at his or her home address or at the place indicated as being that where the patient is staying, with the exception of the verification provided under subarticle 5.2, which shall not be communicated.

3- The worker shall report to the designated health institution, unless he or she states that his or her illness prevents him or her from doing so, in which case he or she shall support his or her allegation by way of a medical attestation, to be confirmed or verified by the medical doctor of the health centre or hospital in question.

Article 7 Consequences of confirmation or failure to do so

1- Failure to confirm a case of illness results in unjustified absences counted from the period stated in the medical attestation or from the maximum period of 15 or 5 days mentioned in subarticles 4.1 and 4.2.

2- A worker's failure to report to the place where the illness is to be confirmed, or his or her absence from the place where he or she is reportedly recovering from his or her illness, at the time of the visit by competent health professionals to such place to confirm the illness, also results in unjustified absences, except where such absences are justified under article 8, and the letter provided therein is deemed to be relevant to that specific case of illness.

3- A letter of confirmation of illness is valid for the duration indicated therein, which shall not be in excess of 30 days.

4- Where an employee fails to report to work after the stated period of time has expired, he or she shall appear before the same health centre or hospital for a new confirmation of illness.

Article 8 Confirmation of Other Health-Related Absences

Whenever an employee needs to be absent from work for outpatient treatment, medical consultation or for complementary diagnosis exams, he or she must submit to his or her employer or supervisor a letter from the respective health professional supporting that fact, as per Annex 3.

Article 9 Application to Other Situations

1- The provisions of this decree shall apply, with the necessary adaptations, to absences from work arising from the need to look after sick children or other family members, in which case the medical attestation shall mention the need to look after the family member, and shall be attached to a letter from the employee stating that he or she is the person who is to accompany the patient.

2- The provisions of this decree shall also apply, on a subsidiary basis and with the necessary adaptations, to any cases of absence from public acts on medical grounds, should there be no provision to the contrary in the respective specific legislation.

Article 10 Absence from work on maternity grounds

Maternity leave shall be the object of specific regulation. However, the provisions of this decree shall apply on a provisional basis and with the necessary adaptations to the confirmation of cases of maternity or maternity-related absences.

Article 11 Entry into Force

This decree shall come into force 60 days after its publication.

Approved by the Council of Ministers on 27 October 2004

The Prime Minister

[Signed] (Mari Bim Amude Alkatiri)

The Minister of Health

[Signed] (Rui Maria de Arújo)

Annex 1 Medical Attestation Form as provided under article 3 of Decree No. /2004, of...of...

I, (name..., profession, registered with the Ministry of Health under number), with my professional domicile in ... (or practising my profession in... (institution)), declare on my honour that ... (name of the patient, ID or passport number, residing in...) is sick (or has been admitted to this institution...) and is unfit for work over an estimated period of time of... days.

Date Signature

Confirmation of Medical Attestation of Admission to a Health Institution as provided under subarticle 3.2 of Decree.../2004, of...of...

I,..., the director of (name of the institution), hereby confirm that the abovementioned patient is staying in this institution as an inpatient since.., and I assume that he or she needs to stay here for another ... days.

Date Signature

Annex 2

Form for Confirmation of Illness Justifying Absence from Work as provided under article 6 of Decree No. /2004, of...of...

I, (name..., a medical doctor registered with the Ministry of Health under number, and working in the ... Health Centre, or Hospital), hereby confirm on my honour that...(name of the patient, ID or passport number, residing in...) has a case of illness that justifies his or her absence from work for an estimated period of time of another ...days, upon expiry of which he or she is required to report back to this institution for a new confirmation of illness on..., in the case he or she feels that he or she is not yet fit to resume work.

I do not confirm, on my honour, that... is in a state of illness that justifies his or her absence from work.

Date Signature

Annex 3

Form for Statement in Support of a Consultation, Treatment or Complementary Diagnosis Exams as provided under article 8 of Decree No. /2004, of...of...

I, (name..., profession, registered by the Ministry of Health under number...), with my professional domicile in... (or practising my profession in the ... Health Centre or Hospital), hereby declare on my honour that... (name of the patient, ID or passport number, residing in...) has undergone (medical consultation or treatment or complementary diagnosis exam) in... (institution) on...of, from...to...hours.

Date Signature