



February 4, 2022

**TO: REGIONAL VICE PRESIDENTS
BRANCHES & FACILITIES**

Sick Leave Grievance

The [B&F released on January 28, 2022](#), concerning the Extension of Protocols for COVID-Related Sick Leave Absences, has been met with adverse reactions from several CATCA members. While we constantly endeavour to ensure the wording of any communication accurately reflects our intentions, indicating the grievance was rendered “moot” by the agreement with NAV Canada extending the protocols to the end of the leave year was a misuse of the word a misrepresentation of our intention.

While the action of NAV Canada was welcomed to remove the piecemeal approach of one-month extensions to the protocols and provide some assurance to our members that the protocols would remain in place until the end of the leave year, we realize that the solution still did not address the entire issue of the grievance. We still believe that any sick leave usage taken during the effective period of the Sick Leave LOU signed March 11, 2020, should not count towards casual (uncertified) sick leave days, and CATCA continues to push our position with NAV Canada.

Discussions with the Company have been productive. CATCA felt that a positive solution to this issue might be more easily and readily attained, outside the grievance process, to include the remainder of this leave year and consult on a plan heading into the new leave year. There is no benefit to NAV Canada should a member have to take 5 days of sick leave, extending and exacerbating unnecessary staffing shortages, when the absence may have required only one or two days.

CATCA has demonstrated a willingness to solve issues reasonably when this is possible, and NAV Canada in this matter has indicated the same. We hope that the Company will continue with that approach by agreeing to implement the provision to not require medical notes for all forms of sick leave. Such an agreement would serve to reduce the impact that the current protocols could have on the ANS, to keep members from being put at risk by having to visit a doctor’s office (where this can be done) and to not add further strain on local medical staff and facilities.

In Solidarity,

CATCA Executive Board

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