|  |  |
| --- | --- |
|  | <<Department>> |
|  | <<Address 1>> |
|  | <<Address 2>> |
|  | <<Address 3>> |
|  | <<Postcode>> |
|  |  |
| Private and Confidential | Direct Line: |  |
| <<Employee Name>> | Fax: |  |
| <<Address 1>> |  |  |
| <<Address 2>> | Date: |  |
| <<Address 3>> | Your ref: |  |
| <<Postcode>> | Our ref: |  |

Dear **<Insert Name>**

**Outcome of Formal Absence Final Review Meeting – Long Term Absence**

I refer to the Formal Absence Final Review Meeting which took place on **<<INSERT DATE>>** in **<<INSERT VENUE>>.** This meeting was held in accordance with the Board’s Attendance Management Policy. I was accompanied by **<<INSERT HR REP>>.** I note that you were accompanied by **<<INSERT NAME OF COMPANION AND TU BODY IF APPROPRIATE>>/** I note that you were not accompanied and were happy to proceed on this basis. **<<DELETE AS REQUIRED>>.**

The purpose of this meeting was to discuss your current episode of long term sickness absence for which you have been absent since **<<INSERT DATE>>** due to **<<INSERT REASON>>** and the likelihood of a return to work in the foreseeable future.

I am writing to confirm the details of our discussion.

**[Insert any other relevant information where appropriate]**

The following outlines the help and support (including reasonable adjustments) that have been offered to you during your period of long term absence to help facilitate a return to work:

**[Insert details of any support, assistance or reasonable adjustments offered to the staff member. Include details of any discussions or recommendations within Occupational health report]**

**(Insert details of any redeployment posts offered and reasons for the post being declined or reason for failed trial period)**

You confirmed that you will return to work on **<< Date>>** with the following workplace adjustment being implemented: (**delete if not applicable**)

**(insert details of workplace adjustments including redeployment and details of phased return if applicable)**

***OR***

Based on your continued episode of long term absence, senior management will be asked to consider whether your level of attendance can continue to be sustained by the service and potential cause of action considered. This may include termination of your Contract of Employment on the grounds of capability due to ill-health. You will receive a letter confirming arrangements for a meeting with senior management to discuss your future employment*. (****delete if not applicable****)*

Can you please review the content of this letter and sign and return a copy to me if you are in agreement that the letter accurately reflects the content of the meeting. If you feel there are any inaccuracies, then please advise me of these in writing within 5 working days of receiving this letter. If you fail to return a signed copy of this letter or advise me of any inaccuracies within 5 working days, it will be assumed that you accept the document as an accurate account of the meeting.

If you have any queries regarding the content of this letter, please do not hesitate to contact me on **<<INSERT TELEPHONE NUMBER>>.**

Yours sincerely

**<<LINE MANAGER NAME>>**

**<<JOB TITLE>>**

**<<SERVICE AREA>>**

**Acknowledgement Form**

I, **<<INSERT EMPLOYEE NAME>>,** confirm that I have received the letter dated **<<INSERT** **DATE LETTER SENT>>** and understand all of the contents of this letter. I also agree that the letter details an accurate reflection of what was discussed at the meeting.

Signed:…………………………………………………………….. Date………………………..

**Please sign and return one copy of this letter to me within 5 working days. A copy will be placed in your personal file**