|  |  |
| --- | --- |
|  | <<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>>

**Formal Absence Review Meeting – Long Term Absence**

I write to you regarding your current episode of long term sickness absence, for which you have been absent since **<INSERT DATE>>** due to **<<REASON>>.** <<**DELETE IF NOT REQUIRED>>.** In accordance with NHS GGC Attendance Management Policy and Procedure we have met on **<<insert dates of previous review meetings for this period of absence>>** to review your current period of absence and provide you with the necessary support. We agreed at this meeting on the level of contact and communication required during your absence.

**<<DELETE IF NOT REQUIRED>>:** I am concerned that I have not heard from you recently in line with our agreement. You last contacted me on **<<DATE>>** to advise you remained unfit for work but have made no contact since. Therefore, I am concerned regarding your safety and welfare.

A further Formal Absence Review Meeting is now required to discuss your attendance and any support you may require to assist with a return to work.**<<DELETE IF NOT REQUIRED>>** In addition, I would be keen to discuss our agreement with regards to appropriate communication during your absence and to confirm your responsibilities within this. The details of this meeting are confirmed below for your information:

**Location : <<INSERT LOCATION DETAILS>>**

**Date : <<INSERT DATE >>**

**Time : <<INSERT TIME>>**

This meeting has been convened in line with the Board’s Attendance Management Policy and Procedure and is intended to ensure the facts relating to your episode of absence are clearly understood and that you receive appropriate management interventions and support. I must emphasise that it is not my intention to cause you any anxiety or bring you back to work while you are still unwell.

**<<HR Representative>>** will also be present at this meeting. You are entitled to be accompanied by a Trade Union representative, friend/ relative or colleague not acting in a legal capacity.

Please let me know before the meeting if you require any special arrangements to enable you to attend the meeting.

If you feel unable to attend the meeting then please contact me as soon as possible to arrange a home visit or to arrange to meet in an alternative NHS location. Additionally, a management referral to Occupational Health Services can be made to ensure that management are fully aware of the reasons for your absence and to receive advice on how best to support your rehabilitation to work.

If you are unable to attend on this date, please let me know as soon as possible and provide a reasonable explanation. I will be pleased to re-arrange the date on one other occasion.

Please contact me by **<<INSERT DATE>>,** .**<<DELETE IF NOT REQUIRED>>** failure to do so will result in your absence being recorded as unauthorised and your occupational sick pay will be stopped due to your failure to maintain regular communication.

A copy of the Board’s Attendance Management Policy and Procedure is available on HR Connect.

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

Yours sincerely

**<<MANAGER NAME>>**

**<<JOB TITLE>>**

**<<SERVICE AREA>>**