**NHS Greater Glasgow and Clyde**

**Attendance Management**

**Supporting a Return to work**

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| **DATE OF AGREED PLAN:** |
| **EMPLOYEE DETAILS** |
| Name: |
| Job Title:  |
| Department: |
| Grade: |
| **LINE MANAGER DETAILS** |
| Name: |
| Job Title:  |
| Department: |
| **MANAGER SUPPORTING RETURN TO WORK DETAILS (if different than above)** |
| Name: |  |
| Job Title:  |
| Department: |
| **PERIOD OF SICKNESS ABSENCE** |
| Start Date: | End Date: |
| Reason: |
| **PHASED RETURN** |
| Details of phased return (if applicable): |
| Total number of annual leave days required to facilitate phased return: |
| Review date of phased return: |
| Name of manager conducting review: |
| **REASONABLE ADJUSTMENTS**  |
| Has the employee attended Occupational Health Y/N |
| Have reasonable adjustments been agreed Y/N  |
| Details of reasonable adjustments (if applicable):  |
| Change of hours (perm/ temp)Yes No if yes, please detail the change of hours and whether this is temporary or permanentChange of shift pattern (perm/ temp)Yes No if yes, please detail the change of shift pattern and whether this is temporary or permanentChange of duties (perm/ temp)Yes No if yes, please detail the change of duties and whether this is temporary or permanentEquipment requiredYes No If yes, please detail what equipment is requiredOther: |
| Does the employee consent to colleagues being advised of the reasonable adjustments? Y/NIf yes, is there any training or support that can be offered to colleagues?If no, agree what information colleagues can be advised of.  |
| Review date of reasonable adjustments:  |
| Name of manager conducting review:  |
| Comments/ Additional Information: |
| **Employee Signature:** | **Date:** |
| **Line Manager Signature:** | **Date:**  |