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

**Long Term Absence**

Thank you for attending the Formal Absence Review meeting with **<<INSERT MANAGERS NAME>>** and **<<INSERT HR REP>>, on <<DATE>>,** to discuss your health and potential for returning to work as you have been absent from work since **<<INSERT DATE>>.**

The meeting had been arranged to discuss the impact of your continuing incapacity on your future employment.

It is always most unfortunate when discussions about an employee’s future are affected by their health after years of valuable service. I have carefully considered and taken into account the circumstances surrounding your current state of health, including the advice I have received from our OHS Clinician indicating that there was no likely prospect of your return to work in any capacity in the foreseeable future. Therefore, a decision is required to be made with regards to your continuing employment. In considering all of these factors that decision was likely to be the termination of your employment on the grounds of your continuing incapacity.

You will be aware that we have looked at other options to facilitate your return to work, including reasonable adjustments that could be made to your post or alternative posts that could be sought, however, given the advice from the Occupational Health Physician and taking into account your own views this has not been possible.

We discussed the process for bringing your employment to an end and I confirmed that under the Boards scheme of delegation such a decision is required to be taken by [GM/Chief Officer name, title]. I explained that you have a right to a formal hearing with {GM/Chief Officer] prior to the decision being taken.

You confirmed that you would be happy for a recommendation to be made without a formal hearing, and for the decision to be confirmed to you in writing. I also confirmed that you would have a right to appeal against this decision.

We discussed a proposed termination date of **<<DATE>>** and I advised that I would now make a recommendation to [GM/Chief Officer] to bring your contract to an end from that date as you could not foresee a return to work in the foreseeable future.

You will be entitled to receive notice of termination to the extent of one week's pay per completed year of service, up to and including a maximum of 12 weeks' pay. You will be paid **<<INSERT NUMBER>>** weeks pay in lieu of notice as agreed during the meeting which will be on full pay less any benefits which you are currently receiving. This will be paid as a one-off payment. (**delete if not applicable**)

*In addition, entitlement to carry over of annual year for last year is regulated under the Working Time Directive, which allows a maximum statutory amount of 28 days to be paid in lieu of leave. Any such outstanding entitlement will be paid in your final salary.*

*Therefore, given your proposed termination date plus outstanding leave of* ***<<INSERT DETAILS OF OUTSTANDING ANNUAL LEAVE ENTITLEMENT****>> would result in your final termination date being* ***<<DATE>>.***

***Or – If lieu of notice not agreed (delete once notice period payment agreed)***

*You will be entitled to receive notice of termination to the extent of one week's pay per completed year of service, up to and including a maximum of 12 weeks' pay. You will be paid* ***<<INSERT NUMBER>>*** *weeks pay which will be on full pay less any benefits which you are currently receiving. Having declined a lieu of notice payment you will receive your notice period payment over a period up to a maximum of 3 months with your last payment being made during the month of****<< ADD MONTH OF LAST PAY DATE>> (delete if not applicable)***

*In addition, entitlement to carry over of annual year for last year is regulated under the Working Time Directive, which allows a maximum statutory amount of 28 days to be paid in lieu of leave. Any such outstanding entitlement will be paid in your final salary.*

*Therefore, given your proposed termination date plus outstanding leave of* ***<<INSERT DETAILS OF OUTSTANDING ANNUAL LEAVE ENTITLEMENT>>*** *and receiving* ***<<MONTHS>>*** *notice period this would result in your final termination date being* ***<<DATE>>.***

You indicated that you intended to make an application, to Scottish Public Pension Agency, for Ill-Health retiral and you were supplied with the appropriate application form and the instructions for completion and return. I further advised that you may be called for a medical examination by one of the medical advisers to the Scottish Public Pensions Agency. The decision to award an ill health retiral lies solely with the Scottish Public Pensions Agency and this is separate from any decision the Board would make with regards to your continuing employment. In such case the outcome of your application would not affect the Board’s decision. **<<DELETE IF NOT SPPA MEMBER>>**

I understand your disappointment at having to leave your employment in these circumstances and take this opportunity on behalf of the Board to thank you for the valuable service you have given and to wish you well for the future.

Yours sincerely

**<<Line Manager >>**

**<< JOB TITLE>>**

**<<SERVICE AREA>>**

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