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| **Formal Absence Review Meeting – Frequent Absence**  *The below form can be used for Formal Absence Review Meetings regarding frequent absences: 4 or more episodes of absence or more than 8 days for short term absence.*  *Line managers conducting the Formal Absence Review Meeting can use the below form to make notes throughout the meeting and ensure appropriate information is discussed and recorded.*  *This information can then be used by the Line Manager for completing the appropriate Formal Absence Review Outcome Letter Template.* | | |
| **1** | **Employee’s Details** |  |
|  |  |  |
| 1.1 | Employee’s Name: |  |
|  |  |  |
| 1.2 | Employee’s Pay Number: |  |
|  |  |  |
| 1.3 | Job Title & Band: |  |
|  |  |  |
| 1.4 | Place of Work: |  |
|  |  |  |
| 1.5 | Employee’s Start Date with NHSGGC: |  |

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| **2** | **Meeting Details** |  |
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| 2.1 | Manager’s Name Conducting Meeting: |  |
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| 2.2 | Manager Accompanied: | Yes No |
|  |  |  |
| 2.3 | Name of Companion/Representative: |  |
|  |  |  |
| 2.4 | Employee Accompanied: | Yes No |
|  |  |  |
| 2.5 | Name of Companion/Representative: |  |
|  |  |  |
| 2.6 | Relationship to Employee (if applicable): |  |
|  |  |  |
| 2.7 | Name of Trade Union/ Professional Organisation (if applicable): |  |
|  |  |  |
| 2.8 | Date of Meeting: |  |
|  |  |  |
| 2.9 | Time of Meeting: |  |
|  |  |  |
| 2.10 | Location of Meeting: |  |

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| **3** | **Short-term / Frequent Absence Checklist** |  |
|  |  |  |
| 3.1 | Absence Reporting Procedures followed: | Yes No |
|  |  |  |
| 3.2 | Fit Notes submitted on time:*(if applicable)* | Yes No |
|  |  |  |
| 3.3 | Return to Work Interviews Completed: | Yes No |
|  |  |  |
| 3.4 | Return to Work Interviews Documented: | Yes No |
|  |  |  |
| 3.5 | Employee aware of Attendance Management Policy: | Yes No |
|  |  |  |
| 3.6 | Trigger Point discussed: | Yes No |

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| **4. Absences** |  | | | |
|  | From: | To: | Total Consecutive Days: | Reason: |
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| 4.1 | Employee confirmed absences are recorded above were correct? | Yes No  *If no, please detail the amendments to be made and ensure these are corrected on SSTS:* |
|  |  |  |
| 4.2 | Total number of episodes:  Total number of days: |  |

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| **5** | **Summary of Discussions:** |  |
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| **5.1** | Does the employee have any underlying medical conditions? | Yes No  *If yes, please detail:* |
|  |  |  |
| **5.2** | Have any of the absences in the last 12 months been related to the underlying medical condition? | Yes No  *If yes, please detail:* |
|  |  |  |
| **5.3** | Is the employee currently going through and treatment or investigations for the underlying medical condition? | Yes No  *If yes, please detail:* |
|  |  |  |
| **5.4** | If no underlying medical conditions, were the absences unrelated and self limiting? | Yes No  *If yes, please detail:* |
|  |  |  |
| **5.5** | Are there any patterns regarding the employees absence? | Yes No  *If yes, please detail:* |
|  |  |  |
| **5.6** | Management Referral to Occupational Health:  *If yes, please ensure employee is aware of reasons for referral* | Yes No  OHS  Physio  Counselling |
| **5.7** | **Discuss and agree any support that could be offered to assist:**  *Please record specific details under ‘Additional Information’* | Change of hours  Yes No  Change of shift pattern  Yes No  Change of duties (perm/ temp)  Yes No  Equipment required  Yes No  Other: |

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| **6. Additional Information:** |  |

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| **7. Next Steps:** | Levels of attendance to be monitored  Referred for consideration of disciplinary hearing  Other – please detail: |

|  |  |
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| 8. Outcome Letter: | ***Link to template letter***  Date sent to employee: |