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| **Formal Absence Review Meeting – Long Term Absence***The below form can be used for Formal Absence Review Meetings regarding long term absences: absent for 28 days or more.**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. Alternatively, the HR Representative present at the meeting can complete the form and then provide this to manager at the end of the meeting.**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: |  |
|  |  |  |
| 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 Trigger** |  |
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| Long-term Absence (more than 28 days): |  |
|  |  |
| Other (please detail): *(work related stress etc)* |  |
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| **4 Absences** |  |
|  | From: | To: | Total Consecutive Days: | Reason: |
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| 4.1 | Confirm dates and reason for current episode of absence: |  |

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| **5** | **Long-term Absence Checklist** |   |
|  |  |  |
| 5.1 | Absence Reporting Procedures followed: | Yes No |
|  |  |  |
| 5.2 | Employee aware of Attendance Management Policy: | Yes No |
|  |  |  |
| 5.3 | Fit Notes submitted on time: | Yes No |
|  |  |  |
| 5.4 | Date next Fit Note due: |  |
|  |  |  |
| 5.5 | First Day of Absence: |  |
|  |  |  |
| 5.6 | Reason for Absence: |  |
|  |  |  |
| 5.7 | Half Pay Date: |  |
|  |  |  |
| 5.8 | Employee Aware of Half Pay Date: | Yes No |
|  |  |  |
| 5.9 | Nil Pay Date: |  |
|  |  |  |
| 5.10 | Employee Aware of Nil Pay Date: | Yes No |
|  |  |  |
| 5.11 | Management Referral to Occupational Health: | Yes No |
|  |  | OHS Physio Counselling |
| 5.12 | Date Referred |  |
|  |  |  |
| 5.13 | Self-referral to Occupational Health: | Yes No |
|  |  | OHS Physio Counselling |
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| **6** | **Summary of Discussions:** |  |
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| 6.1 | Does the employee have any underlying medical conditions? | Yes No *If yes, please detail:* |
|  |  |  |
| 6.2 | Have there been any other absences in the related to the underlying medical condition? | Yes No *If yes, please detail:* |
|  |  |  |
| 6.4 | Is the employee currently going through any treatment or investigations for the underlying medical condition? | Yes No *If yes, please detail:* |
|  |  |  |
| 6.5 | Is the absence work related? | Yes No *If yes, please detail:* |
|  |  |  |
| 6.6 | Is the absence a result of an accident at work? | Yes No *If yes, please detail:* |
|  |  |  |
| 6.7 | If yes to 6.6, has a DATIX been completed? | Yes No *If no, please detail why:* |
|  |  |  |
| 6.8 | If absent due to work related stress, has a date been arranged to complete a stress risk assessment?[Stress in the Workplace](http://www.nhsggc.org.uk/working-with-us/hr-connect/health-safety/policies-guidance-documents-forms/stress-in-the-workplace/) | Yes No *If yes, add date:**If no, please detail why:* |
|  |  |  |
| 6.9 | **Discuss and agree any support that could be offered to assist a return to work:***Please record specific details under ‘Additional Information’* | Change of hoursYes No Change of shift patternYes No Change of duties (perm/ temp)Yes No Equipment requiredYes No Other: |

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| **7. Additional Information:** | *Includes if there has been any organisational or departmental updates for you to give to the employee if appropriate:* |

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| **8. Next Steps:** | Date of next formal absence review meeting (if required): |

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| 9. Outcome Letter: | ***Link to template letter*** ***Final absence review*** ***Ill-health***Date sent to employee:  |