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| ABSENCE MONITORING MEETING |

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| PERSONAL DETAILS | | | |
| Department |  | Last Name |  |
| Location |  | First Name |  |
| Employee Number |  | Title |  |
| Position |  | Address |  |
| Contracted Hours |  |

|  |  |  |  |  |  |  |  |  |
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| SICKNESS DETAILS | | | | | | | | |
| Absence Since Date | Date: Click here to enter a date. | | Employee Returned To Work On | | | Date: Click here to enter a date. | | |
| Occasions of Absence in Rolling Year |  | | Total Work days lost in rolling Year | | |  | | |
| DISCUSSION | | DETAILS | | | PROPOSED ACTION | | | |
| Employee’s health and absences over the rolling 12 months | |  | | |  | | | |
| Aspects of the work environment/domestic circumstances that are impacting on the ability to attend work | |  | | |  | | | |
| Patterns of absence | |  | | |  | | | |
| Any support or adjustments that would enable the employee to improve their attendance | |  | | |  | | | |
| Procedural issues | |  | | |  | | | |
| Would an OH or GP report would assist.in supporting future attendance | | **YES**    IF YES refer to HR | | | **NO** | | | |
| Date for a first Absence Review Meeting in 12 weeks’ time. | | Date: Click here to enter a date. | | |  | | | |
| Letter requested from HR to confirm the content of the meeting and agreed action points | | Date: Click here to enter a date. | | Issue a letter of concern in respect of attendance levels. | | | **YES** | **NO** |
| **AUTHORISATION** | | Signed | | Print Name | | | Job Title | Date |
| Employee | |  | |  | | |  | Date: Click here to enter a date. |
| Manager | |  | |  | | |  | Date: Click here to enter a date. |
| HR | |  | |  | | |  | Date: Click here to enter a date. |