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| ABSENCE REVIEW 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** |
| Has there been further absence in the last 3 months | **YES**[ ]  | **NO**[ ]  |
| 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**[ ]  |
| Absence in the last 3 months | **YES**[ ]  | **NO**[ ]  |
| Ascertain employee’s well-being and continue discussion continuing Absence Monitoring if appropriate | Ascertain employee’s well-being and remove from Absence Monitoring if appropriate |
| Date for next Absence Review Meeting in 12 weeks’ time. |       |       |
| 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 |       |       |       | Click here to enter a date. |
| Manager |       |       |       | Click here to enter a date. |
| HR |       |       |       | Click here to enter a date. |