PRIVATE & CONFIDENTIAL

Name ---------------

Address-------------

Dear ----------------

 **1st Stage Attendance Management Meeting (Delete as appropriate) (Reopened/Final)**

Further to our conversation following your recent sickness absence (select one option from blue text below)

* Option 1 I am sorry that you have been unwell, and I would like to arrange a meeting to review your current situation
* Option 2 I am sorry that you remain unwell and are not yet able to return to work and I would like to arrange a meeting to review your current situation.

I should be grateful therefore if you would attend a 1st Stage Attendance Management Meeting which has been arranged for (insert date) at (time) to be held over (select an option from the blue text) Microsoft Teams or telephone (due to the current Coronavirus pandemic) in accordance with the [Sickness Absence Policy](http://intranet/media/661291/sickness-policy-2021-final.pdf).

***If meeting has to be face to face*** *please**ensure that you have consulted the risk assessment for your service prior to arranging this meeting face to face. You will be responsible in ensuring that appropriate covid-19 measures are followed in accordance with this risk assessment. This would include test, trace and protect and the requirement for 2 metre social distancing.*

***Please amend the meeting arrangements above and include the wording below***

The Authority is implementing all reasonable steps to maintain a Covid secure workplace with stringent 2m distancing at all times to maximise the safety of all employees and members of the public throughout its operations.

Please ensure you familiarise yourself with the Covid 19 information sheet provided in advance of the meeting and act accordingly.

For purposes of contact tracing, names, contact telephone numbers, date, arrival, and departure times of all attendees will be recorded. This information will be retained for 21 days following attendance and will be held and disposed of in line with General Data Protection Regulations (GDPR) requirements.

This meeting follows your period(s) of absence on [Insert Dates]

(Select one option from the blue text below)

* Option 1 if returned to work and our return-to-work [meeting(s) on (Insert dates)
* Option 2 if still absent under stage 1 of the sickness absence management procedure
* Option 3 if previous stage 1 meeting held and our meeting(s) held under stage 1 of the sickness absence management procedure on (Insert Date(s).

You can ask for a recognised trade union representative or work colleague to accompany you to this meeting.

The meeting will be an opportunity for me to (Delete as appropriate) (gain an understanding of your current health situation), **or** (discuss your current level of attendance) **or** (understand the likely duration of your absence) and will be an opportunity for you to raise any concerns which you think are relevant to your overall attendance levels and to discuss any support that can be considered at this time and to agree on the most beneficial way forward for you and for the department.

It is possible that an outcome of the meeting will be a reminder that if there is little or no significant improvement in attendance then this will result in the establishment of a formal review period under stage 1 of the Sickness Absence Policy or ultimately termination of your employment on the grounds of health capability. However, a decision on this will not be made until you have had a full opportunity to put forward everything that you wish to raise.

Please let me know as soon as possible if you (or your chosen companion) cannot attend the meeting so that we may arrange an alternative time or if you need any adjustment to the meeting arrangements on account of any disability.

I would like to ensure we are able to support you as much as possible in order to (Delete as appropriate) facilitate your return to work **OR** improve your attendance. I look forward to meeting with you and in the meantime if you have any queries or concerns relating to this letter please do not hesitate to contact me.

Yours sincerely

Manager Name

Job Title

 **cc HR & TU**

**Enclose- Sickness Absence Policy**