|  |  |
| --- | --- |
| **Name** | **Employee Number** |
| **Post title** | **Department** |
| **Meeting conducted by** | **Job Title** |

**Please list below date of relevant absences and reasons:**

|  |  |  |
| --- | --- | --- |
| **Dates of absence** | **Duration** | **Reasons for absence** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Details of discussions: the following may be relevant factors:**

Is there an underlying reason for absence?

Is the employee waiting for medical advice from GP/ Consultant?

Is any of the absence related to a disability?

The definition of Disability under the Equality Act 2010:

* they have a physical or mental impairment
* the impairment has a substantial and long-term adverse effect on their ability to perform normal day to day activities

**Action plan agreed by both manager and employee:**

**Signed Manager** -------------------------------

**Date** -------------------------------

**Signed employee** -------------------------------

**Date** -------------------------------

**Useful links:**

[Referral](https://intranet/our-people/occupational-health/request-a-referral/) to occupational health for a medical assessment and advice

[Occupational Health Management Referral Guidance](Intranet/OH%20MANAGEMENT%20REFERRAL%20GUDANCE%202019.docx.pdf)

Consider the [Disability: Reasonable adjustments guidance](https://intranet/our-people/hr/equality-diversity/disability-reasonable-adjustments/)

A change of working pattern to accommodate requirements: [Flexible Working](https://intranet/our-people/hr/flexible-working-and-job-share/)