PRIVATE & CONFIDENTIAL

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

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

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

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

I write to thank you for meeting with me and to confirm the outcome of your 1st Stage Attendance Management meeting held (Delete as applicable) over Microsoft Teams/ Telephone / Face to face on (insert date) with (Insert name if applicable) and myself. (Delete as appropriate) You were accompanied by(insert name)your trade union representative**or**work colleague**or**you were unaccompanied and confirmed that you were happy to continue with the meeting. You confirmed that you had previously been provided with a copy of the Sickness Absence Policy.

The purpose of the meeting was to review your (Delete as appropriate) continuing sickness absence **or** level of sickness absence.

You confirmed that you understood that you hit a formal trigger as outlined in the Sickness Absence Policy and were informed that the main purpose of the 1st Stage Attendance Management Meeting was to try to identify what can reasonably be undertaken by both you and the Department to support you to (Delete as appropriate) maintain/return to good health.

We discussed (insert summary of discussion – this may include)

• Sickness record and reasons for absence X occasions of sickness absence over the past 12-month period due to e.g. cold, chest infection, broken toe

• Health and wellbeing at present time, the nature and likely prognosis and duration of absence and up to date medical advice

• Any personal or work-related issues

• Occupational Health advice (if report has been obtained – you may wish to quote key parts of the report)

• Consideration of a referral to Occupational Health (if advice not yet obtained)

• Consideration of reasonable adjustments

• Any assistance that can be or has been provided

• Previous meetings held, and actions taken to date

• Impact of absence on department / colleagues / service

• Future contact arrangements

We considered and discussed all available options and support at this stage of the process to enable you to improve to the required standard and agreed an appropriate way forward; (delete / include as appropriate)

• A referral to occupational health

• Reasonable adjustments considered/ agreed including a review date

• Referral for a workstation assessment

• Redeployment to be explored

It was agreed that we would meet again in x months *(please specify the review period, the length of the review date will be dependent on the facts of the case but should be no less than 2 months and no more than 3 months) to* review your attendance record. The formal review period will be set starting from (insert as appropriate) the date of this meeting **or** (insert the date of the employees return to work if sooner). If following completion of the review period you are removed from the Formal Attendance Management stage, I must remind you that if you hit the formal triggers again within the following 4 months monitoring period then you will re-enter the Sickness Absence Procedure at the 1st Stage Attendance Management Meeting.

I explained that your absence was having an impact on service delivery and you were reminded that (Delete as appropriate) unless there is a significant and sustained improvement in your attendance, **OR** it is deemed that it is unlikely that you will return to work then we will move onto the next stage of the procedure and hold a further attendance management meeting. You should be aware that the outcome of further attendance management meetings could ultimately result in a decision regarding your continued employment with the Authority on the grounds of health capability.

I would like to ensure we are continuing to support you as much as possible in order to (Delete as appropriate) facilitate your return to work **OR** improve your attendance. If there is any further support that you feel may be of benefit to you, please discuss this with me.

In accordance with the Authority’s Sickness Absence Policy, you can request a review of this decision by your Director or his/her nominated representative. A request for a review of decision must be made by in writing to the Assistant Chief Executive (People Management) within 7 calendar days of receipt of this letter setting out your reasons for a review

If you have any queries or you know of any matters that may affect your future attendance, please do not hesitate to contact me at the earliest opportunity.

Yours sincerely

Name

Job Title

**cc TU & HR**

**Please note if you have any queries regarding the wording used in this letter please speak to your HR officer.**