**Informal Short Term Absence Management Meeting Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Employee | |  | | | | | |
| Total Sickness Absence record over the last 12 calendar months | | | | | | | |
| Total number of Occasions: | |  | | | | | |
| Total number of working days off: | |  | | | | | |
| Total number of medically certified working days off: | |  | | | | | |
| Reason for occasions: | |  | | | | | |
| Question | | | | | | Yes | No |
| Is there a recurring illness that contributed to these occasions? Is it likely to occur again? If yes please give details: | | | | | |  |  |
| Has the Employee sought medical advice?  If yes, please give details: | | | | | |  |  |
| Is the Employee taking any medication that may affect their work?  Eg drowsiness/dizziness. If yes, please give details: | | | | | |  |  |
| Was any of the absences caused or made worse by workplace factors?  If yes, please give details: | | | | | |  |  |
| Is any action required to support the Employee’s improvement in attendance? If yes please give details: | | | | | |  |  |
| Action Required/Agreed | | | | | | Yes | No |
| Is the amount/level of sick absence causing concern? | | | | | |  |  |
| Has employee been advised to access the Trust Absence Management Policy and aware where to find it. | | | | | |  |  |
| Is a referral to the Occupational Health Specialist appropriate? | | | | | |  |  |
| Is a risk assessment required? (Including stress risk assessment ) | | | | | |  |  |
| Risk Assessment Tool: | | | | | | | |
| Description of Risk  e.g the employee is required to lift heavy items but this may make health worse. | Impact –  Medical situation could have on carrying out duties | | | Probability –  Medical situation could have on carrying out duties | Action  i.e reasonable adjustments, training, equipment or support | | |
|  | High,  Medium or  Low | | | High,  Medium or  Low |  | | |
|  | | | | | | | |
| Further action Required?  Eg, Counselling, Oh referral. | | |  | | | | |
| Any other Comments: | | |  | | | | |
| Detail the Academies expectations regarding employee attendance: | | |  | | | | |
| By signing this form you are agreeing that the information is correct to the best of you knowledge, that you are aware that your sickness will continue to be monitored and if deemed appropriate with additional sickness, a future formal meeting to review your attendance could be held under the Absence Management Policy. | | | | | | | |
| Signature of Employee: | | |  | | | | |
| Date: | | |  | | | | |
| Signature of Manager: | | |  | | | | |
| Date: | | |  | | | | |