# Informal Absence Management Meeting Form

*This form needs to be completed and signed as a record of the informal absence management review meeting between the Line Manager and Employee.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Employee | |  | | | |  |  |
| Name of Manager conducting meeting: | |  | | | |  |  |
| Date of meeting: | |  | | | |  |  |
| Total Absence 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/ concerns that contributed to these occasions? Is it likely to occur again? If yes please give details: | | | | | |  |  |
| Has the Employee sought medical advice or any other additional support? If yes, please give details: | | | | | |  |  |
| Is the Employee taking any medication that may affect their work? E.g. 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 absence causing concern? | | | | |  |  |  |
| Has employee been advised to access the Trust Absence Management Policy and is aware of where to find it? | | | | |  |  |  |
| Has the Employee been informed about the Trusts Employee Assistance Programme, provided through Smart Clinic? | | | | |  |  |  |
| 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  High/Medium/Low | | Probability –  Medical situation could have on carrying out duties  High/Medium/Low | | Action  i.e. reasonable adjustments, training, equipment or support | | |
|  |  | |  | |  | | |
|  | | | | |  | | |
| Further action Required?  E.g. Counselling, OH referral, Flexible working request? | | | |  |  | | |
| Any other Comments: | | | | |  | | |
| Detail of expectations regarding attendance:  (e.g*. Period of absence monitoring):* | | | |  |  | | |
| Signature of Employee:   * *By signing this form, I agree that the information is correct to the best of my knowledge.* * *I am aware that my absences will be monitored for the agreed period.* * *If deemed appropriate with additional absence, a future formal meeting to review my attendance could be held under the next stage of the Trust’s Absence Management Policy.* | | | |  |  | | |
| Date: | | | |  | | | |
| Signature of Manager:   * *I confirm that I have discussed the reasons for absence.* * *I confirm that I have raised the concerns and discussed the impact on the students, school and colleagues.* | | | |  | | | |
| Date: | | | |  | | | |