# 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.*

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| --- | --- | --- | --- |
| 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:  |   |