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|  | **CONFIDENTIAL** |

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| RETURN TO WORK MEETING Line manager to complete this form, in consultation with employee, within 3 working days of return from sickness absence |

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| EMPLOYEE DETAILS | | |
| Name: | | Pay number: |
| Job title: | | |
| Directorate: | Service area: | |

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| ABSENCE DETAILS | | | | | |
| Date absence began: | Date of return: | | | | | |
| Total number of days absent (include ½ days): | | | | | | |
| Any recognisable patterns identified? (e.g. frequent Friday or Monday absences) | | YES |  | NO |  |
| If the answer is YES, advise employee that their absence will be closely monitored and may be subjected to disciplinary action. | | | | | |
| Has the council’s corporate action trigger points been reached? | | YES |  | NO |  |
| If the answer is YES, advise employee that an informal review meeting or other appropriate stage of the Supporting Attendance at Work Policy & Procedure will be arranged. If considering management discretion contact HR on 01506 282222 selecting Option 3 or email [sicknessabsence@westlothian.gov.uk](mailto:sicknessabsence@westlothian.gov.uk) for a call back. | | | | | |
| Accident at work? | | YES |  | NO |  |
| If YES, was it reported? | | YES |  | NO |  |
| Is employee currently receiving medical treatment? | | YES |  | NO |  |
| Is a referral to the medical adviser required? **\*** | | YES |  | NO |  |
| \* If yes, complete the referral online at [Myohportal](https://www.westlothian.gov.uk/article/67381/Occupational-Health-Forms) | | | | | |
| **ADJUSTMENTS** | | | | | |
| Does employee require a phased return to work? \* | | YES |  | NO |  |
| Does employee require lighter duties? \* | | YES |  | NO |  |
| Does employee require any other reasonable adjustments? \* | | YES |  | NO |  |
| Is a tailored adjustment plan required? (if so enter details on [People Manager](https://trent.westlothian.gov.uk/trentlve_web/wrd/run/etadm001gf.open) ) | | YES |  | NO |  |
| \* If yes to any questions above, enter details overleaf in “support offered to employee” section | | | | | |

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| Use the following to identifying any underlying reasons for the employee’s sickness absence(s) and what can be done to assist the employee in improving their attendance. Pay particular attention to cases where employee has indicated that absences may be work-related in order to establish the exact nature of the problem and what can be done to alleviate it. |
| Details of issues discussed: |
| Details of support offered to employee: |
| Actions agreed, including timescales: |

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| To be completed by Line Manager I certify that I have met the above employee in accordance with the Supporting Attendance at Work | |
| Name (please PRINT): | |
| Job Title: | |
| Signature: | Date: |

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| Employee’s Signature: ...................................................................…………. | Date: ........................... |

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| This record to be treated as **confidential** and kept by the manager on employee’s personal file.  The purpose of this record is to enable managers to successfully monitor and improve individual sickness absence levels and for the council to address any particular needs of the employee.  Employees are entitled to view their individual absence records through their line manager or HR Services  Details of how the council will process the personal information it holds on you can be found at [Contract of Employment Privacy Notice](https://www.westlothian.gov.uk/media/20843/Contract-of-Employment---Privacy-Notice/pdf/2018-03-21_-_Contract_of_Employment_Privacy_Notice.pdf) |