# SUPPORTING ATTENDANCE AT WORK – MANAGER’S TOOKIT

# STANDARD TEMPLATE LETTERS

# Standard Template 6

## Outcome of Stage 1 Absence Meeting

Ref: [insert employee number]

Date [insert date]

**Strictly Private & Confidential:**

**To be opened by Addressee only**

[insert name & address]

Dear [insert name]

Outcome of Stage 1 Absence Review Meeting

Further to our recent stage 1 absence review meeting, please find attached the completed form outlining our discussions and agreements.

Please retain this copy for your records.

If there are any discrepencies or you wish to discuss the contents further please do not hesitate to contact me on (enter contact details).

Yours sincerely

**Line Manager**

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|  | **CONFIDENTIAL** |
| STAGE 1 ABSENCE REVIEW MEETING Line manager to complete this form, in consultation with employee, within 2 weeks of either a return to work or upon reaching corporate action point for continuous absence | |

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| EMPLOYEE DETAILS | | | | | | | | | | | | |
| Name: | | | | | | | Pay number: | | | | | |
| Job title: | | | | | | | | | | | | |
| Service Area: | | | | Function Area: | | | | | | | | |
| ATTENDANCE | | | | | | | | | | | | |
| Meeting held by: | In Person |  | Telephone | | |  | Video Conferencing | |  | In absentia | |  |
| Was the employee accompanied to the meeting? | | | | | | | | YES |  | NO |  | |
| Name of person accompanying/representing employee: | | | | | | | | | | | | |
| Was a member of the HR Team in attendance? | | | | | | | | YES |  | NO |  | |
| Name of HR Representative: | | | | | | | | | | | | |
| ABSENCE DETAILS | | | | | | | | | | | | |
| Date of Informal Review Meeting (IRM): | | | | | IRM monitoring period end date: | | | | | | | |
| Date of last/current absence commencing: | | | | | Date of return (if applicable): | | | | | | | |
| Number of days in rolling 12 months : | | | | | No of occasions in rolling 12 months: | | | | | | | |
| Reason for last/current absence: | | | | | New Stage 1 monitoring period end date: | | | | | | | |
| Should the last/current absence be subject to management discretion? | | | | | | | | YES |  | NO |  | |
| If the answer is YES, contact HR to discuss BEFORE application | | | | | | | | | | | | |
| Has the employee been referred to Occupational Health? | | | | | | | | YES |  | NO |  | |
| If the answer is NO, Please provide rationale | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| If yes, has the Occupational Health Report been received? | | | | | | | | YES |  | NO |  | |
| If the answer is NO, why not? Please provide rationale | | | | | | | | | | | | |

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| OCCUPATIONAL HEALTH DETAILS (if applicable) | | | | |
| Does the employee have an underlying health condition(s)? | YES |  | NO |  |
| If YES, were there any recommendations made by OH regarding this? | YES |  | NO |  |
| Is the employee covered by the Equality Act 2010?  (if unknown select no and provide details below) | YES |  | NO |  |
| Is employee currently receiving medical treatment for this condition(s)? | YES |  | NO |  |
| What is the nature of the underlying health condition(s) and/or medication? | | | | |
| **ADJUSTMENTS (refer to Reasonable Adjustments Management Guidance on mytoolkit)** | | | | |
| **The following questions should be answered for ALL employees** | | | | |
| Following discussions with employee and/or OH Report, does the employee require: | | | | |
| 1. Adjustments to their work place/ workstation? | YES |  | NO |  |
| 1. Information in accessible formats? i.e. different fonts, coloured paper etc. | YES |  | NO |  |
| 1. Altered working hours (including phased return to work)? | YES |  | NO |  |
| 1. An alternative work location (even if temporary)? | YES |  | NO |  |
| 1. Require specialist additional/equipment to do their job? | YES |  | NO |  |
| 1. A modification of any working processes/procedures? | YES |  | NO |  |
| 1. Alternative employment/duties? | YES |  | NO |  |
| 1. Require a temporary adjustment to corporate action trigger points? | YES |  | NO |  |
| 1. A period of special leave? (paid or unpaid) | YES |  | NO |  |
| 1. Home working for a temporary period? (discuss with HR before offering) | YES |  | NO |  |
| 1. Additional support/supervision? | YES |  | NO |  |
| 1. Other adjustments? | YES |  | NO |  |
| 1. Referral to Physiotherapy?   If yes, provide employee with Connect Health triage number **03301245741** | YES |  | NO |  |
| 1. Referral to Employee Assistance Programme?   If yes, provide employee with the Freephone number **08000285148** | YES |  | NO |  |
| If you answered YES to any of the questions above, please provide further details in ***Discussions Section*** | | | | |

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| **DISCUSSIONS** | | | | | |
| Details of issues discussed: | | | | | |
| Details of support offered to employee: | | | | | |
| Actions agreed, including timescales: | | | | | |
| Has OH made recommendations that where not implemented? | YES |  | NO |  |
| Has the employee suggested recommendations that where not implemented?  **If answered NO, to either of the last 2 questions move to section on Policy** | YES |  | NO |  |
| **If answered YES, to either of the last 2 questions, please provide reason(s) for not implementing recommendations by completing the following, selecting all that apply, and provide further details below:**  Unreasonable burden of additional costs to the council  Unable to identify alternative employment/duties  Adjustment will have a detrimental impact on ability to meet customer demands  Unable to accommodate adjustment and organise work within existing staff resources  Unable to recruit to cover the vacated hours/post  Adjustment will have a detrimental impact on service performance (please provide exact details)  Adjustment will have a detrimental impact on quality of service (please provide exact details)  Insufficient work during the adjusted working period  Unable to accommodate adjustment due to planned structural changes  Unable to source equipment/format/support  Other (please specify below): | | | | |
| Please provide further details as to why the recommendations were not implemented as recommended by OH or requested by employee. | | | | | |

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| **SUPPORTING ATTENDANCE AT WORK POLICY** | | |
| **Intermittent absence** | If you have returned to work, your attendance will be monitored under Stage 1 of the Supporting Attendance at Work Policy for 12 months from the date of your return to work. Should you reach the council’s action trigger points during this period, you may be required to attend a Stage 2 Absence meeting | |
| **Continuous absence** | If you continue to be absent, your attendance will be monitored under Stage 1 of the Supporting Attendance at Work Policy for 12 months from the date of you reaching Stage 1. If you continue to remain absent and your cumulative absence equates 3 months or more you may be required to attend a Stage 2 Absence meeting | |
| The Council’s Corporate Action Trigger points for intermittent absences are set at 6 cumulative days or 4 separate occasions of absence within a rolling 12-month period.  The Corporate Action Trigger points for continuous absences are, 4 weeks, 3 months, 6 months, and 9 months of absence.  You should note that the Council’s Corporate Action Trigger points are calculated on a rolling 12-month period. If you incur a further period of absence during the Stage 1 monitoring period, a decision on whether or not you have breached the council’s triggers will be based on the 12 months previously and as such may include absences incurred prior to the Stage 1. | | |
| **To be completed by Employee** | | |
| Employee Comments (if any): | | |
| I certify that I have discussed the above in accordance with the Supporting Attendance at Work Policy | | |
| Signature: | | Date: |
| To be completed by Line Manager | | |
| I certify that I have met the above employee in accordance with the Supporting Attendance at Work Policy  Name (please PRINT): | | |
| Job Title: | | |
| Signature: | | Date: |
| **A copy of this form be provided to employee, and a copy emailed to HR Support Attendance inbox** [**sicknessabsence@westlothian.gov.uk**](mailto:sicknessabsence@westlothian.gov.uk)**.**  The Line Manager should update People Manager [Case Management](https://westlothian.gov.uk/media/51931/Case-Management-Guide/pdf/People_Manager_Case_Management.pdf?m=637788041952670000#page=21) with details under SAAW Triggers. | | |

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| This record to be treated as **confidential** and kept in employee’s personal file with a copy to employee.  The purpose of this record is to enable managers to successfully monitor and improve individual attendance 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) |