|  |  |
| --- | --- |
| **STRICTLY PRIVATE & CONFIDENTIAL FILE NOTE** | |
| **Name of employee** |  |
| **Job title** |  |
| **Department** |  |
| **Date of Meeting** |  |
| **Name(s) of other attendee(s)** |  |

|  |  |
| --- | --- |
| **First date of absence** |  |
| **Last date of absence** |  |
| **Return to work date** |  |
| **Total number of working days absent** |  |

|  |  |  |
| --- | --- | --- |
| **Reason for absence** | | |
|  | | |
| **Did they employee properly notify their employer of their absence?** | **Yes** | **No** |
| **Did the employee consult their GP or another practicing medical professional?** | **Yes** | **No** |

|  |  |  |
| --- | --- | --- |
| **Is the employee’s absence related to any kind of disability?** | **Yes** | **No** |
| **Did factors at work cause or contribute to their absence?** | **Yes** | **No** |
| **If the answer is yes to either of the above, please provide more details:** | | |
| **Please detail the actions being undertaken to support the employee:** | | |

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| --- | --- | --- |
| **Is the absence part of an overall pattern?** | **Yes** | **No** |
| **If so, please explain:** | | |

|  |
| --- |
| **Review dates or action required (include responsibilities/timescales for any action):** |
|  |
| **Agreed timescale for improvement (if appropriate):** |
|  |

|  |  |
| --- | --- |
| File note made by |  |

**Where actions have been identified/agreed, both the Manager and staff member should sign the completed form below:**

|  |  |  |
| --- | --- | --- |
| Signed by Manager |  | Date: |
| Signed by Employee |  | Date: |