**Attendance Review Meeting**

|  |  |
| --- | --- |
| Employee Name |  |
| Job Title |  |
| Name of attendees at meeting |  |
| Date |  |
| Summary of Absence in last 12 months | |
|  | |
| Discussion notes   * *Employees reason for absence* * *Likelihood of further absences* * *Agree solutions to address causes of absence from work* * Agree targets and timescales for improvement where appropriate in the context of the health issue(s) at hand   *IF necessary -* Make the employee aware that where no specific health or disability related issues have been identified then a lack of improvement in their attendance record could result in formal action being taken. | |
|  | |
| Actions Agreed  *Include timescale of review period.* | |
|  | |
| Review Date |  |
| Review Outcome |  |

***Once the initial Attendance Review Meeting is completed, please upload onto the staff database and this will enable the People and Culture Team to draft a letter confirming any actions. Once the Review Period is complete, please update form and upload onto the staff database replacing the original document.***