**Long Term Absence**

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| --- | --- |
| Employee Name |  |
| Job Title |  |
| Name of attendees at meeting |  |
| Date |  |
| Summary of Absence in last 12 months | |
|  | |
| Discussion notes | |
| Discussion notes (PLEASE DELETE)   * How is staff member? * The possibility of a return to work. * Additional support either before or after return to work? * Any reasonable adjustments that may be implemented * Whether short term changes to working patterns and or duties would facilitate a return to work (including phased return) * Agree a method of maintaining regular contact * *Where pay may be affected, please ensure the staff member is aware of this.* | |
| Actions Agreed  *Include timescale of review period.* | |
|  | |
| Review Date (if necessary) |  |

***Please upload the completed form onto the staff database.***