**Form – Long-Term Absence Support Meeting Record**

This form should be used as a guide to record a summary note of an absence support meeting during cases of long-term absence. Please see Guidance – Managing Long-Term Absence for further information.

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| --- | --- | --- | --- | --- | --- | --- |
| **Employee Name:** |  | | | | | |
| **Managers Name:** |  | | **Absence Reason:** | |  | |
| **Absence Start Date:** |  | | **Meeting Date:** | |  | |
| **Also present at meeting:** |  | | | | | |
| **Summary of current position** | | | | | | |
| *E.g. Current health, progress made, possible recovery timescales* | | | | | | |
| **Supports / Adjustments to be considered or implemented** | | | | | | |
| *See Guidance – Considering Reasonable Adjustments. Note any supports or adjustments which may aid an earlier return to work or which may support the employee on their return.* | | | | | | |
| **Occupational Health Discussion** | | | | | | |
| *Note whether the need for a referral was discussed / agreed, or note key points from any discussion around receipt of an Occupational Health report.* | | | | | | |
| **Workplace Updates Shared** | | | | | | |
| *E.g. New members of staff, project updates, office changes* | | | | | | |
| **Next Steps / Further Considerations** | | | | | | |
| *Timing of next meeting, upcoming important dates (e.g. OH, medical) any follow up action* | | | | | | |
| **Employee Signature** | |  | | **Date** | |  |
| **Managers Signature** | |  | | **Date** | |  |