|  |
| --- |
| [Attendance Policy: Guide for Managers](https://workforce.nhs.scot/supporting-documents/guides/attendance-policy-guide-for-managers/) |
| Employee name: |  |  Post Held: |  |
| Manager: |  | Department: |  |
| Working Pattern: |  Mon |  | Tues |  | Wed |  | Thurs |  | Fri |  |

Absence Details

|  |  |  |  |
| --- | --- | --- | --- |
| Absence Start Date |  |  Absence End Date |  |
| Workdays Absent |  |  Work Hours Absent |  |
| Date Department Informed of Absence |  |  Date back on shift / roster |  |
| Reason for Absence | Choose an item. |  | Did the Absence last 7 calendar days? |[ ]  If so, was the requiredcertificate received? |[ ]
| Worked Related? |[ ]  Non-Work Related? |[ ]  Disability Related? |[ ]  Doctor Consulted? |[ ]

Return to Work Discussion

|  |  |
| --- | --- |
| Return to work discussion and agreed Supportive action. |  |
| Date of Discussion |  | Self-Certificate |[ ]  Medical Certificate |[ ]  Trigger Point Reached? |[ ]
| If medical certificate was provided are there any adjustments recommended? |   |
|  |  |
| Please detail recommendations discussed and / or any adjustments agreed (Please state if no agreement reached and reasons why). |  |
|  |  |
| Referral to OHS agreed, if appropriate?  |[ ]  Referral to other forms of support(please specify) |  |
|  |  |  |  |
| Have absence reporting / certification procedures been followed? |[ ]  If no, why were procedures not followed? |   |
|  |  |  |  |
| Summary of other outcomes of discussion |  |
|  |  |
| Any other relevant information |  |
|  |
|  |
| I have checked and agree the above details are correct |[ ]   Employee Signature |  |
| I have checked and agree the above details are correct |[ ]   Manager Signature |  |
|  |  Date Completed |  |