|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [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 required  certificate 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 | | |  | | | |

Please return this form to [GPTraining.HR@nes.scot.nhs.uk](mailto:GPTraining.HR@nes.scot.nhs.uk)