LONG TERM SICK ABSENCE / LONG TERM SICKNESS MEETING CHECKLIST

☐ Welcome the employee
☐ Thank them for attending the meeting today

Complete introductions
(✔ to confirm you have explained each point)

INTRODUCTIONS
Explain that:
☐ We are here to discuss their absence since: ____ / ____ / ____ (date)
☐ We want to gain a better understanding of their absence
☐ We want to understand what recommendations have been made by their Doctor / Specialist
☐ We want to understand their thoughts about returning to work and also discuss what we can do as a Company to help facilitate a return to work
☐ We will hopefully be able to answer any questions that they may have
☐ Advise the employee that a copy of all notes will be available for them

[✔ as applicable] This is a:
☐ First meeting
☐ Second meeting
☐ Subsequent LTS meeting

Explain that:
☐ We need to make them aware that if we are unable to establish an acceptable return to work date and/or are unable to make reasonable adjustments to facilitate a return to work, we may have to consider terminating their employment due to their ill health/incapacity, but it is hoped that this will not be the case and we will discuss their absence regularly with them. Remind them of absence reporting procedures (if applicable)

EMPLOYEE REPRESENTATION
☐ The employee is entitled to a fellow employee or Trade Union Representative to accompany them
☐ Name of companion ________________________________

☐ If not accompanied, confirm they are happy to proceed with no witness?  ☐ Yes  ☐ No

POINTS TO COVER
☐ In the employee’s opinion, what is the reason for their absence and the current status of their condition?
☐ Confirm the current and anticipated length of their absence (if known)
☐ Reiterate the Company’s absence reporting procedures & the requirement for them to speak with their Line Manager/Duty Manager, as a minimum, once a week (or as often as has been agreed)

Notes...

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☐ What medication or treatment are they receiving?
☐ What recovery process has been recommended by their Doctor?
☐ Are they following their Doctor’s advice? If not, why?

Notes...

☐ Establish what effects the illness has had on the person?
☐ What are the day to day effects of their illness?
☐ Are they able to perform day-to day activities?
☐ How does this impact on their mobility? Exhaustion/tiredness?

Notes...

Employee’s ability with day-to-day tasks:
☐ Y / N – Can you make a hot drink?
☐ Y / N – Can you fill/carry a kettle?
☐ Y / N – Reach a high cupboard?
☐ Y / N – Walk up stairs?
☐ Y / N – Walk 200metres?
☐ Y / N – Carrying bags of shopping?
☐ Y / N – Driving a car? (If applicable)
☐ Y / N – Other activities. Please detail?

☐ Are there any other factors likely to affect the employee’s health i.e. factors outside of work, at home?

Notes...

☐ What does the employee believe to be the cause of their medical condition?

Notes...

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When does the employee feel that he/she will be able to return to work? Is there a likely date?

Establish whether the employee does still wish to return to work?

Notes...

Are there any reasonable adjustments the Company needs to make in order to facilitate a return?

Notes...

Get the employee’s comments on his/her ability and interest to consider alternative work within the Company i.e. alternative roles, any suitable vacancies, (if applicable)

Notes...

Update the employee on any site changes &/or developments since his/her absence

(Raise any relevant concerns about the effectiveness of cover arrangements, if appropriate)

Notes...

Advise the employee his/her future employment is likely to come under consideration in the short term
Do they understand a decision may be made regarding their future employment should they be absent for an extended period of time? (Note the employee’s comments).

Notes...

Confirm the employee’s eligibility to Company Sick Pay: □ Yes or □ No

Confirm the employee’s eligibility to Statutory Sick Pay: □ Yes or □ No

How much SSP is left? (If applicable, entitled to up to 28 weeks) □ N/A or □ _______ weeks/days

Reassure the employee that the Company is committed to doing all it can to facilitate a return to work and will provide any appropriate support as necessary. However, if we are unable to establish a practicable return to work date or we are unable to make reasonable adjustments to their work, then this could lead to the termination of their employment. Emphasise that you hope that this will not be the case.

Ask if there is anything the employee would like to add or any other relevant points they would like to bring to the Company’s attention?

Notes...

Access to medical records:

At this stage, (if not previously discussed) explain the Company’s right to refer them to see an Occupational Health Specialist OR in the alternative it may wish to obtain a medical report from their Doctor

Remind them this is a contractual obligation within their terms and conditions of employment / Handbook.

Explain the purpose of any request is to gain a greater understanding on their health and if permission was refused, Moto will only be able to form any future decisions based on the limited information available to them.

Has the access to medical reports been discussed with the employee? □ Yes □ No □ N/A on this occasion

Does the employee understand their rights under this request? □ Yes □ No

Issue the Access Request form and ask they complete it - ideally during the meeting (or ask it is completed & returned within 48 hours)
Has access to medical reports been completed? ☐ Yes ☐ No ☐ N/A on this occasion

Has medical report been returned for discussion? ☐ Yes ☐ No ☐ N/A on this occasion

Explain next steps:

i.e.: We await Medical report from Occupational Health/your doctor so propose we arrange a further meeting in 4 weeks and/or confirm arrangements for their return to work (if known)

i.e.: We are in receipt of your medical report from Occupational Health, which we have discussed today and have discussed alternative roles or reasonable adjustments – I wish to look into this further and propose a further meeting next week

Notes...

Complete LTS Meeting Outcome Record

☐ Attach completed LTS Meeting Outcome Record with Checklist

☐ Please email/scan a copy of both forms to your HR advisor at Sagegreen

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# SICKNESS ABSENCE /LONG TERM SICKNESS (LTS) MEETING OUTCOME RECORD

This form is to be completed and signed at the end of the absence/LTS meeting to summarise the meeting discussion. This should be signed by both the line manager and employee.

<table>
<thead>
<tr>
<th>Employee’s Name</th>
<th>Payroll Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Start date</td>
</tr>
<tr>
<td>Job Title</td>
<td>Commencement of sickness absence</td>
</tr>
<tr>
<td>Contracted hours</td>
<td>Date of Meeting</td>
</tr>
<tr>
<td>Home Address</td>
<td>Meeting Attendees</td>
</tr>
<tr>
<td>Contact Telephone Number</td>
<td>Location of Meeting</td>
</tr>
<tr>
<td>Reason for absence</td>
<td></td>
</tr>
</tbody>
</table>

Please state any agreed follow up actions required from this meeting below: -

- 
- 
- 

Date & time of next meeting confirmed: ____________________________

Signature: ____________________________
(Employee)

Signature: ____________________________
(Manager)

Date: ____________________________

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