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Queen Elizabeth Hospital Birmingham

Mindelsohn Way

Edgbaston

Birmingham, B15 2GW

Tel: 0121 371 2000

DATE

**Private and Confidential**

**Addressee Only**

NAME

ADDRESS

Dear NAME

**Sickness Absence and Attendance Management Procedure – Wellbeing Meeting**

I write to confirm the outcome of our meeting held on DATE, which was also attended by NAME, Senior HR Advisor. You were accompanied by (NAME), Staff Side Representative/work colleague OR You were unaccompanied but were happy for the meeting to continue **(delete as appropriate)**

The purpose of our meeting was to discuss your long term sickness absence from work due to INSERT REASON. I have detailed below your episodes of sickness absence within the last 12 months including dates that we have met:

|  |  |  |  |
| --- | --- | --- | --- |
| **Date(s)** | | **Days lost** | **Absence reason** |
|  | [DATE] |  | **LTS Review Meeting** |

You confirmed the reason for your long term absence from work and explained INSERT SUMMARY OF DISCUSSIONS AND AGREEMENTS.

We received and discussed the medical report from occupational health. This report confirmed INSERT BRIEF SUMMARY OF OUTCOME OF OH APPT.

Our next meeting is arranged for DAY DATE TIME VENUE You are entitled to be supported at this meeting by a staff side representative or a work colleague. If you or your representative is not available then you are required to provide an alternative date within 5 days of the date stated above. We agreed you would keep me updated with any progress during your sickness absence.

In the meantime, if you have any queries or concerns, please do not hesitate to contact me.

Yours sincerely

**MANAGER NAME**

**TITLE**

**DEPARTMENT**

cc: NAME, Senior HR Advisor

Staff Side Representative

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