

TO:	Governance Sub-Committee
PREPARED BY:	Linda Sichi (Deputy CEO)
SUBJECT:	MANAGING ATTENDANCE POLICY
DATE OF MEETING:	16 September 2024
APPROVED BY:	Paul Martin (CEO)

MANAGING ATTENDANCE **POLICY**

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1. MILNBANK HOUSING ASSOCIATION (MHA) STRATEGIC OBJECTIVES

MHA's mission is to provide excellent homes and services in a thriving community. We believe that people living in the MHA community should:

- Have warm, safe, and affordable homes, and receive excellent services from MHA.
- Live in neighbourhoods that are clean and well cared for, with real community pride.
- Have access to opportunities and services that promote a good quality of life.

2. MHA's VALUES

Working as 'One Milnbank' so that we offer the same quality of services, support and housing to all tenants and residents.

3. LEGAL & REGULATORY COMPLIANCE

The Management Committee leads and directs MHA to ensure good outcomes for its tenants and other service users. The Scottish Housing Regulator's Regulatory Framework Financial & Regulatory, Standard 3 states that the Association manages its resources to ensure its financial well-being and economic effectiveness, while maintaining rents at a level that tenants can afford to pay. MHA adheres to all relevant legal employment requirements associated with this policy.

4. POLICY INTRODUCTION

- 4.1 MHA recognises that on occasions it may be necessary for employees to be absent from work. However, we also have a duty to provide a reliable service to our tenants, owners and other customers, therefore, we need to ensure that we help employees to maintain the highest possible level of attendance.
- 4.2 This policy is designed to help all employees achieve good attendance, and to ensure that a consistent and fair approach in managing attendance is adopted throughout MHA.
- 4.3 This policy and guidelines work in conjunction with, but is not limited to, other policies (e.g. discipline & grievance, dignity at work, health & safety and managing stress).

5. PRINCIPLES OF THE MANAGING ATTENDANCE POLICY

MHA requires good attendance from all employees to meet its objectives.

- If the level of attendance is unsatisfactory the employee will be informed what improvement is required and possible consequences of failure to do so (which may include disciplinary action, up to and including dismissal).
- The attendance management process is concerned with the number of periods of days absent (excluding underlying health conditions protected under the Equality Act 2010).
- If employees have an underlying health condition causing absence(s), then MHA will consider reasonable adjustments.
- Managers will conduct return to work interviews for every period of sickness absence within the spirit of this policy.

- Employees need to adhere strictly to MHAs absence reporting procedures. Failure to do so may result in disciplinary action and MHA sick pay being withheld.
- Managers will maintain accurate, up-to-date attendance records for all staff to manage absence effectively.

6. ABSENCE MONITORING

- 6.1 A fundamental feature of good attendance management is the accurate and timely recording of all absences. This is essential for processing the requirements of sick pay arrangements and the process of managing attendance and absence. Good information allows patterns to be identified and can be an early indication of underlying health conditions. Accurate recording is also an essential element in satisfying potential concerns over the fairness of any actions taken by line managers. Absence records are retained on the Association's HR system Avensure where each employee can view their own file at any time.
- 6.2 The attendance records will be used by the Head of HR and managers to provide aggregated statistics at leadership team meetings and at function meetings with staff. Avensure HR system calculates the absence days, number of absences and the cost to MHA. Employee cases will not be discussed with others as it forms part of your confidential record.

7. ABSENCE REPORTING PROCEDURES

7.1 Reporting

If an employee cannot come to work, either due to illness or for any other reason, not already authorised, they must phone and speak to their line manager (or, if not available, another manager) as soon as is reasonably possible and no later than one hour from their usual start time. Employees must fill in a self-certification form whatever the length or reason for absence.

7.2 Fit Notes

If the employee continues to be absent for more than seven consecutive calendar days, they must provide a fit note (which can be obtained from your GP) as soon as possible to your line manager.

If the fit note indicates that the employee 'may be fit for work, the line manager will contact the employee and arrange a meeting to discuss any adjustments suggested. Although MHA is not obliged to follow the doctor's advice, we will do our best to help you return to work and maintain a good attendance record. However, if we cannot agree reasonable adjustments, you will remain off sick.

If MHA agree a phased return to work, the days the employee is still off sick within the agreed period will count as one period of absence.

Employees are permitted to return to work before the expiry of their fit note if the GP does not state they wish to see the employee again before returning to work, even if this is before their fit note expires. Employees do not need to go back to their doctor first to be signed fit for work. If employees return before the expiry of the fit note, MHA may seek professional advice.

7.3 **Keeping in Touch**

Employees are responsible for phoning their line manager to advise the reason for their absence. If, in the event of an emergency the employee cannot achieve this on day one of the absence, they should ensure that someone else calls on their behalf. After this, the employee should contact the line manager as agreed between them and the line manager.

While keeping in touch MHA expects employees to let us know: the reason for the absence, the predicted recovery and/or treatment, when they can expect to return to work and, the contact details which can be used during the absence.

If employees fail to keep in contact as detailed above, MHA will contact them.

7.4 **Failure to Comply**

Where you do not follow reporting, certification, or keeping in touch arrangements we may withhold company sick pay. Failure to comply with these requirements may also lead to disciplinary action in accordance with our disciplinary procedure. If we suspect that you have falsified your absence or have deliberately misled us, we will investigate this, and it may result in disciplinary action being taken against you. In serious and/or repeated cases, it may lead to a dismissal.

7.5 **Return to Work (RTW)**

A thorough RTW meeting will be carried out after every period of unplanned sickness absence. The purpose being to establish if the employee is fit to RTW. This will be done by the line manager (or another manager if not available) on the first day of the RTW at the start of the working day. Completed forms will be kept in the Avensure system. RTW interview forms contain confidential information and will only be viewed by those authorised to access it, normally the line manager or any other manager who deals with the case.

7.6 **Statutory Sick Pay (SSP)**

If eligible to SSP this is irrespective to your entitlement to company sick pay. The scale of entitlement to SSP is reviewed by the government, normally at the beginning of each tax year. It is not paid for the first three days of absence and runs for 28 weeks after that.

If an employee is no longer entitled to SSP, they may be entitled to an incapacity benefit. Employees can enquire about this at their local DWP office. MHA will advise if employees are not entitled to SSP and send the appropriate government form. It is the employee's responsibility to claim any other Government benefits that they may be entitled to.

7.7 **Company Sick Pay**

In anyone rolling period of 52 weeks, MHA will pay a sickness allowance in line with the following:

Continuous service at the date sickness starts	Full allowance paid for:	Half allowance paid for:
Up to 1 year	5 weeks	5 weeks
Over 1 and under 2 years	9 weeks	9 weeks
Over 2 and under 3 years	18 weeks	18 weeks
Over 3 and under 5 years	22 weeks	22 weeks
Over 5 years	26 weeks	26 weeks

8. **ATTENDANCE MANAGEMENT**

- 8.1 This refers to dealing with unacceptable levels of attendance, with no reference to reasons for absence or medical condition. MHA will aim to assist employees in maintaining a good attendance record through maintaining good records, ensuring RTW meetings are completed and, helping investigate and address any identified underlying causes of absence.
- 8.2 Where this fails to secure a required improvement, MHA will invoke the terms of the disciplinary procedure. Unsatisfactory attendance reviews can result in disciplinary action, up to and including dismissal. If at any stage during this process it becomes apparent that an underlying health condition is involved, medical information will be sought, and further discussion will take place prior to deciding on any appropriate action, if any.

Absence periods related to pregnancy or underlying health conditions classed as a disability under the Equality Act 2010 will not be considered for the purpose of attendance management process.

8.3 Attendance review triggers

ABSENCE	ACTION	TIMESCALE
Employee is unable to report for work	Telephone Line Manager (or, if absent, another manager)	By 9am on the morning of their absence.
During absence	Employee phone Line Manager	Daily basis (unless otherwise agreed)
Employee returns to work, absence 7 consecutive days or less	<u>Employee</u> : completes self-certification <u>Line Manager</u> : records return to work interview.	Within the first two hours of the employees return
Employees absent for more than 7 consecutive days	Attend doctor to request a Sick Line & submit to line manager.	From, or as close to, day 7
Employees absent for more than 10 consecutive working days	Employee to attend an interview with line manager.	-
Employees absent for 15 consecutive working days	Line managers ask employee to consent to MHA obtaining a GP report/or attending a private medical examination (dependent on the nature of the absence)	Consent given from, or as close to, day 15
Employees absent for 20 consecutive working days +	Line managers manage as a long-term absence. Regular welfare calls/meetings arranged to support employee back to work.	Medical advice sought from or as close to, day 20.

9. **ABSENCE MANAGEMENT**

9.1 MHA will adopt a sympathetic approach to employees with a long-term and/or underlying health condition. If employees are in this position, they should be confident that the managers will provide support. The following points will always be considered in relation to long-term absence:

- The nature of the illness and any contributing factors
- The likely duration and/or frequency of absence(s)
- Any actions that can be taken by the employee
- Any reasonable adjustments that MHA could make
- Any possible redeployment opportunities
- The nature of the duties in relation to the employees' health conditions
- MHA business needs, the impact that absences may have upon these
- Employees entitlement to statutory and company sick pay

9.2 If a medical professional makes suggestions for any reasonable adjustments, these will be discussed prior to the RTW to determine if MHA can accommodate them, together with any suggestions the employees or MHA may also have. MHA are not bound by the doctor's suggestions, but we will make all possible efforts to accommodate a prompt RTW and good attendance. If MHA agree any reasonable adjustments, we will set time scales and reviews to assess if they are still required and suitable.

9.3 When managing a long-term absence, it is possible that termination of employment for the reason of ill health capability may be considered where all other options have been exhausted, and MHA can no longer sustain the absence. MHA will ensure that we seek the appropriate advice when necessary.

9.4 **Dishonest Absence**

If employees are found to falsify or exaggerate their absence, this will be treated as gross misconduct. An investigation will be carried out in accordance with our disciplinary procedure and disciplinary action may be instigated, including dismissal or future withdrawal of company sick pay benefit.

10. **OTHER PROVISIONS**

10.1 **Absence and holidays**

If during an authorised period of annual leave, and an employee becomes ill, and a self-certificate or fit note is produced, MHA may count the period as sick leave. Employees must speak to their manager on the first day of the RTW or earlier if possible, providing the necessary certification.

If there is a public holiday during a period of sickness, and the employee provides a self-certificate or fit note this will be counted as sick leave, and you will receive the holiday at another time.

If illness prevents an employee from taking holiday entitlement, MHA will carry over the remainder to the next holiday year.

If on sick leave and an employee goes on holiday, they should contact their manager to seek authorisation advising the duration of the holiday and to ensure communication resumes upon their return.

10.2 **Doctor/hospital/dental appointments**

The above should be arranged out with working hours. If this is not possible, the employee should request time off from their manager. Arrangements could include using annual leave, TOIL/flexi or unpaid leave. In some circumstances, managers could also use their discretion and consider giving paid time off.

10.3 **Conduct whilst off sick**

When on sick leave, employees are still bound by the contract of employment and MHA policies including Code of Conduct and duty of fidelity. MHA also expect that employees do not participate in activities that would be detrimental to the absence. Any breach of this will be dealt with under the disciplinary procedure. This includes conduct on social networking sites and any other publicly made remarks regarding MHA's customers, work colleagues, partners and anyone else relating to us.

10.4 **Cosmetic procedures**

Sick pay due to absence for cosmetic procedures (whether carried out in the UK or abroad) will not be paid unless it is recommended by health professionals. Employees should request time off and agree with their manager how the absence will be processed, (e.g. annual leave or unpaid leave).

10.5 **IVF treatment**

Absences relating to IVF treatment will not be processed as sick leave or pay. This also applies to a partner of a person that is undergoing such treatment. The employee should discuss with their manager how time off could be accommodated, (e.g. annual leave, flexi time or unpaid leave). Absences relating to IVF treatment will not be treated as relating to pregnancy unless the employee becomes pregnant.

10.6 **Stress management**

Stress is not an illness. It can result from an illness or lead to one, but it is not an illness itself. This also applies to "nervous debility" or any other similar diagnosis. If an employee goes off sick with stress, the manager will endeavour to find out the underlying cause to allow any appropriate action can be taken and to determine whether conditions at work cause or contribute to stress and if anything could be done to help the situation. MHA will follow procedures as outlined in the Stress Management policy. If the absence is certified by a doctor, the manager may ask the employees doctor to clarify the underlying cause for stress.

10.7 **Travel Disruption**

Occasionally travel disruption can affect an employee's ability to arrive at work on time or at all. (e.g. disruptions to public transport, air travel and severe weather conditions). MHA is committed to protecting the health and safety of all employees; however, we must minimise disruption of our services.

There is no legal right for employees to be paid if they are unable to get to work because of travel disruption (unless the travel itself is regarded as working time). In the event of the above, MHA will allow employees to take annual leave, TOIL (where available) if agreed with their line manager or home/remote working. Where none of these options are available or appropriate, unpaid leave should be given in most circumstances.

Employees are encouraged to contact their manager as soon as possible to discuss the above if the situation requires it.

11. EQUALITY & HUMAN RIGHTS

MHA's is committed to equal opportunities, and we will respond to the different needs and service requirements of individuals, and we will not discriminate against any individual for any reason outlined in Equality & Human Rights Legislation.

12. DATA COLLECTION

MHA will manage all personal data in accordance with our obligations under the GDPR regulations and the Association's Policy.

13. POLICY MONITORING & REVIEW

The Managing Attendance Policy will be reviewed by the Governance Sub-Committee annually or in line with EVH updates, or as otherwise deemed necessary.

APPENDICES

- A- Telephone call checklist for line managers
- B- Return to work self-certification – absent 7 days or less
- C - Return to work interview – absent more than 7 days
- D- Invite to absence meeting
- E- Note of absence meeting
- F- Employee consent to MHA requesting a GP report
- G- Request to GP for medical report
- H- Phased return to work arrangements
- I- Move to half pay
- J- Exhausted company pay

Private and Confidential
MANAGING ATTENDANCE – TELEPHONE CALL CHECKLIST

- This form is to be completed if an employee calls in to advise that they will be absent because of sickness.
- Every employee is obliged to contact their line manager or in the absence, another line manager.
- Only in exceptional circumstances is it acceptable for an employee’s representative to call in on their behalf. It then becomes the Line Managers responsibility to ascertain the details surrounding such at the return to work interview.

Complete the undernoted in discussion with an employee who calls in sick and ensure the details are acted upon as necessary.

1. Name: _____
2. Designation: _____
3. Date of first day of Sickness: _____
4. Date of first contact (if different from 3): _____
5. Nature of Sickness (general indication/basic details)

6. How long is the absence expected to last? (if relevant)

7. Any attendance at a G.P. (if relevant) Yes No

If yes, date of appointment: _____

8. Is there any assistance the Association can provide at this time?

9. Are there any specific duties you are carrying out which need to continue during your absence?

10. Are there any meetings, training etc you were required to attend?

11. Is there anything else I need to know about your workload or duties during your absence? YES/NO

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RETURN TO WORK SELF CERTIFICATION – ABSENT 7 DAYS OR LESS

This form must be completed by each employee on return to work following absences of 7 days or less. PLEASE RETURN TO YOUR LINE MANAGER.

Employee’s full name: _____

Function: _____

First day of absence: _____

Last day of absence: _____

Date of return to work: _____

Total time absent: _____ days

Reason for absence (please state):

Do you feel fit enough to return to work? **Yes / No**

Employees Comments:

Line Managers Comments:

Please complete the following with regards to your absence.

When did you notify the Association of your absence?

Who did you notify? _____

Did you consult your doctor? **Yes / No**

Did you attend the hospital? **Yes / No**

Did you obtain a medical certificate? (Please attach if so) **Yes / No**

The following information is required to ensure the health, safety and welfare at work of yourself and others.

Are you taking any medication? **Yes / No**

If Yes, please provide details: _____

If yes, have you advised of any side effects that could affect your work or be a safety hazard?
Yes / No

Declaration:

I declare that all the information I have given in this form is true and that I have not withheld any material fact.

Signed by employee: _____

Name (PRINTED): _____

Date: _____

GENERAL DATA PROTECTION REGULATIONS:

These details will be held in confidence by MHA and may be used for the following purposes in compliance with data protection legislation:

- Ensuring the health, safety and welfare at work of myself and colleagues
- The avoidance of discrimination on the grounds of disability
- Maintaining SSP and SMP records
- Supplying information on accidents where industrial injury benefits may be payable
- Ensuring the Association is able to monitor and deal fairly with attendance and absence issues

Further information on how the Association processes personal data and your rights under data protection legislation are set out in the Employee Privacy Notice.

When completed, this form may contain Special Category Personal Data as defined by data protection legislation. It must be kept secure and confidential.

Office Use Only

Please select:

Absence authorised (no action required)/Attendance review required

Please note that by authorising absence you are confirming that you are satisfied that the employee had a valid reason for being absent and that the employee has complied with the Managing Attendance Policy.

Signed by Manager: _____

Date: _____

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RETURN TO WORK INTERVIEW – ABSENT MORE THAN 7 DAYS

Instructions

This form should be completed on the employee’s first day of return. The interview with the employee should be conducted by their line manager (or another manager if not available). This form replaces the need for self-certificate of absence; however, a doctor’s certificate is still required for an absence of eight or more consecutive days.

Part One: Preparation

This part should be prepared prior to the interview by the manager conducting the interview.

Employee Name:
Manager’s name & position:
Actual date of return to work:
Date of the interview:
Details of the Absence
Absent from:
Absent to:
Total Number of days absent:
Attendance history in the reference period
Number of spells:
Number of days:
Any informal action taken (dates and details):
Any triggers reached to date and formal action taken (dates and details):
Any underlying medical condition identified to date:

Part Two: Fitness for work:

Is the employee fit to resume work:	Yes	No
If absence was medically certified, has the doctor signed off the employee as fit to work:	Yes	No
Is there a need for any adjustments at work:	Yes	No

Part Three: Discussing the latest absence:

The reason for the employee’s absence:	
Did the employee seek medical advice, if so, what advice was given?	

Could the employee have attended work:	Yes	No
Is there any underlying cause for the absence?	Yes	No
Is the absence pregnancy related?	Yes	No
Has the absence notification procedure been followed?	Yes	No
Is the company sick pay to be paid for this absence?	Yes	No

Part Four: Discussing attendance in the Reference Period

Number of days absent:		
Review any adjustments put in place so far (if any)		
Can any adjustments be made to avoid further absences?	Yes	No
Agree timescales for the adjustments review?		
Should a medical report be requested?	Yes	No
Is the level of attendance satisfactory?	Yes	No
If an attendance review trigger has been reached, what action will follow?		
Does there appear to be a pattern in the employee's absence?	Yes	No
If so, what action will follow:		
Discuss possible consequences of further absence:		

Part Five: Review

Is there is a need for a further review?	Yes	No
Agree a timescale for review		

Part Six: Declaration

I confirm that the information here is true to the best of my knowledge. I understand that giving false information regarding my absence from work may result in disciplinary action including dismissal.

Employees signature:	
Manager's signature	
Date of the interview:	

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INVITE TO ABSENCE MEETING

Date

Name

Address

Dear (Name)

ABSENCE MEETING INVITE

As part of MHA's Absence and Attendance Management Policy, I write to invite you to an informal meeting to discuss your current absence and to see if there are any measures we can take to assist and support you and facilitate your return to work.

To assist with this, I would like us to discuss the following:

- Your current health
- Any actions/reasonable adjustments that can be made to support your recovery
- Anything you wish to discuss
- Whether you feel you may be fit for some work, with adjustments

It would be appreciated if we can meet on (date) at (time), in (venue)].

You are a welcome to bring someone along who can provide moral support, as well as take notes/observe the discussions.

I will be accompanied by (name) to take notes and observe the discussions.

It would be appreciated if you can please confirm by (date) that you will be able to attend.

If you have any queries, or wish to speak to me in the meantime, please do not hesitate to contact me.

Yours sincerely

(Name)

(Title)

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ABSENCE MANAGEMENT MEETING NOTE

Staff member's name

Manager's name

Date

In attendance:

QUESTIONS:

- Please tell us about your health

- When do you expect to return to work?

- Can we do anything to facilitate your return to work?

- Medical report – request permission/OHP appointment/meeting to discuss the report

- Anything else you would like to discuss

- Capability discussion (if applicable)

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EMPLOYEE CONSENT TO MHA REQUESTING A GP REPORT

DATE

[Name]

[Address]

Dear [Name]

Request for Consent to access a [GP/Consultant/Specialist Nurse] report to seek Medical Opinion

The Association would like to obtain a medical report from your [GP/Consultant/Specialist Nurse] to provide us with information on your current health concerns and, establish what we can do to support you in your current absence [and/or] facilitate your return work.

In accordance with MHA's Absence Management Policy, and under the terms of the Access to Medical Reports Act 1988, I am writing to confirm MHA's intention to make an application for a Medical Report with your consent.

In accordance with the Act, you have the right to:

- Withhold consent to the application being made.
- State whether you wish to have access to the report (such access is available for up to six months from the date the report is supplied).
- Withhold consent to the report being supplied to MHA.
- Request amendments to the report via your General Practitioner.

If you are happy to give your consent for MHA to contact your [GP/Consultant/Specialist Nurse] for a Medical Report and for this to be released to us, please complete and sign the enclosed consent form and return it to me.

Should you wish to have sight of the report, you should make your own arrangements to do so within 21 days of MHA's application for this report, otherwise you will lose your rights under the Access to Medical Reports Act 1988.

We would appreciate it if you could return the attached consent form to us within 7 days. If we do not hear from you by then we will understand that you do not wish us to contact your [GP/Consultant/Specialist Nurse] and will proceed accordingly.

If you would like further information, clarification, or wish to discuss the matter in more detail, please do not hesitate to contact me. In the meantime, I look forward to hearing from you.

Yours sincerely

[Insert Name]

[Insert Title]

Private & Confidential

DATE

Dear [Name of line manager]

Consent to access medical report

I acknowledge receipt of MHA's letter dated [insert date] requesting consent to seek a medical report from my GP and the reason for requesting the report.

I have been informed of my statutory rights under the Access to Medical Reports Act 1988. I hereby consent to MHA requesting a medical report giving information regarding my current ill health and medical history.

I understand that this consent form will be copied to my [GP/Consultant/Specialist Nurse] and MHA will retain the original.

I do/do not wish to be advised of the date of MHA's application to my [GP/Consultant/Specialist Nurse].

I do/do not wish to have access to the report under the Access to Medical Reports Act 1988.

Medical Professional's Name:

Address:

Telephone Number:

Signed:

Date:

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REQUEST GP FOR MEDICAL REPORT

DATE

GP NAME
ADDRESS

Dear Dr x

EMPLOYEE NAME

I enclose a form recently signed by our employee (Name) Date of Birth (X), which authorises me to contact you. (Employee) commenced employment with Milnbank Housing Association as an (Role), on (Date), and I enclose a copy of the job description, for your information.

As you are aware, (Employee) has been absent from work since (Date) suffering from (X). I have recently had a discussion with (Employee) and he/she has consented to the Association contacting you for a medical report. Therefore, it would be appreciated if you could please advise of the following:

- Current health condition.
- How long you anticipate the illness to last.
- When you think he/she may be fully fit to return to normal working duties.
- If there are any specific restrictions on the duties that he/she can carry out.
- Advise if you feel that there are steps the Association can take or reasonable adjustments that can be considered, to assist (Employee) to return to work.
- Finally, advise what effect, if any, (Employee's) condition has on his/her day-to-day life outside work. It would also assist me if you could provide any other information relevant to these circumstances.

I have enclosed (employee name) signed consent form for your records.

In the meantime, I thank you in advance for your prompt response and confirm that Milnbank Housing Association will, of course, pay your fee for preparing the report.

Yours sincerely

NAME
POSITION

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PHASED RETURN TO WORK ARRANGEMENTS

[Date]

[Name]

[Address]

Dear [Name]

Phased Return to Work

Further to your recent occupational health report [insert date] and subsequent meetings with [Insert name], [Title] to discuss your current period of absence, I am now writing to confirm your return to work plan.

As discussed, your return to work plan will take effect from [Insert date] for a period of [Insert number of weeks] which is documented below:

<u>Week commencing</u>	<u>Work Pattern</u>
Week 1 [insert date]	Detail working week
Week 2 [insert date]	Detail working week
Week 3 [insert date]	Detail working week
Week 4 [insert date]	Detail working week

You will have weekly meetings with [insert name] to discuss if the plan is assisting with your return to work to your full contractual duties.

It is anticipated you will revert to your contractual work pattern of [Insert details] as of [Insert date].

During your phased return to work you will be paid for the days and hours that you work, and all non-working days and hours will be processed as ***statutory sick pay/company sick pay/TOIL/annual leave (**delete as appropriate).

If you have any queries regarding the above, or experience any difficulties during your return to work, please do not hesitate to contact me.

I look forward to welcoming you back on [insert date].

Yours sincerely

[Insert name]

[Insert Title]

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EMPLOYEE MOVE TO HALF PAY

Private & Confidential

[Date]

[Name]

[Address]

Dear [Name]

End of Full Company Sick Pay

I am writing to inform you that your current sickness benefit of full pay will end on [Insert date]

As part of MHA's sickness benefit you will still be eligible for [number of weeks] half pay. Your half pay will commence on [insert date], and will end on [insert date]

In accordance with our Absence Management Policy and your entitlement to MHA's sickness benefit, please continue to provide us with your medical certificates, and maintain contact as agreed with [insert name].

May I take this opportunity to wish well and good recovery.

Yours sincerely

[Insert Name]

[Insert Title]

Private and Confidential
EMPLOYEE EXHAUSTED COMPANY SICK PAY

Private & Confidential

[Date]

[Name]

[Address]

Dear [Name]

End of Half Company Sick Pay

I am writing to inform you that your current sickness benefit to half pay will end on [date]

As a result, you have exhausted all your entitlement to MHA's sickness benefit, and you will not receive any pay with effect from [enter date day after half pay finishes].

However, you may still be entitled to statutory payments. To find out if you are eligible, please contact your local Job Centre Plus office.

In accordance with MHA's absence procedure, please continue to provide us with your medical certificates and maintain contact as agreed with [insert name].

May I take this opportunity to wish you well and a quick and successful recovery.

Yours sincerely

[Insert Name]

[Insert Title]