

ABSENCE MANAGEMENT INTERVIEW FORM
(To be completed by the Line Manager)

Name:	Job Title:	Date of Interview:
Line manager conducting interview:		
Job Title:		
Section:		
NO. OF DAYS SICK DURING LAST 12 MONTHS <i>(Information to be obtained from your copies of the Sickness Self Certification Forms)</i>	Reason for Interview:	
DATE(S)	REASONS FOR SICKNESS:	
QUESTIONS		
How is your current health and well being?		
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<p>Is there anything I can do to assist you? (e.g. temporary adjustments to your duties or workplace environment)</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Emphasise effects absence(s) having on the service, operationally and financially</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Action Taken (*✓ more than one box if applicable*):

Situation to be monitored (*Frequency of monitoring should be stated - factors such as the nature of any medical condition(s) and the previous pattern of absences should be considered*)

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Recommended referral to Occupational Health
(Please contact Personnel)

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Recommended referral to Counselling Service
(Please contact Personnel)

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If a 10+ Day Sickness Interview Form has been completed for this staff member within the previous twelve months, you must refer the situation to Personnel for consideration of a formal Absence Management meeting at which a Formal Caution may be given.

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Other Comments

(Please include whether from discussion any work related issues relevant – please give full details if applicable)

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Signature of manager

Name of manager Post title

Date

Please return this form once completed to Personnel and give a copy to the employee