**Please delete red text before sending**

# AP3b Outcome of Wellbeing Support Meeting (Short Term Absence)

Enter a date.

**Private and Confidential**

Full Name

Address

Dear First Name,

I am writing to confirm the outcome of your Wellbeing Support meeting held on Date and thank you for your attendance. Full Name, Job Title (TU/Colleague) were also present.

During this meeting we discussed the concerns and reasons for your short-term absences. I confirm you have had Number occasions and Number days sickness since Date. Your response to these concerns were Insert Response. We discussed the following options available to support your wellbeing and to help you maintain sustainable attendance thereafter:

**Please delete or insert options below as appropriate to the employee**

**Please see Short-Term Absence Guidance for examples of what could be included in points below:**

1. Occupational Health Service and/or specialist advice - Insert updates
2. Reasonable adjustments - Insert details
3. Phased return - Insert details
4. Temporary variation(s) of contract - Insert any agreed variations
5. Review absence record - I explained to you I am concerned at the level of your sickness absence and the effect this is having on your ability to fulfil your duties. Insert concerns discussed
6. Attendance expectations - We discussed expectations for improvement of your attendance levels over the next Time agreed (No. of months) and I confirm we agreed the following Insert expectations agreed.
7. Redeployment (AEP) - Insert details
8. Next steps - Insert agreed actions and/or review dates

**Please delete the following paragraph which isn’t applicable to the employee’s absence**

**If employee’s absence is to be reviewed (delete following paragraphs if not appropriate)** – Our aim is to support you to maintain sustainable attendance. If you continue to experience problems which affect this, you are encouraged to discuss these with me to help determine any further options available to support your wellbeing. The next Wellbeing Support Meeting will be held on Date at Time at Venue to review your absence, and to explore any further options which may assist you.

You are expected to take personal responsibility for your health and wellbeing, alongside the supportive measures agreed during your Wellbeing Support Meetings to improve your attendance at work. If your attendance does not significantly improve, we will need to follow the next steps within the Absence Procedure. Once all supportive options have been exhausted, we will consider dismissal.

I would like us to work together, so please contact me at any stage between now and the next meeting if there is anything I can do to provide further help or support to you.

**If you have exhausted all options with the employee and a Case Conference is required (delete following paragraphs if not appropriate)** – You are expected to take personal responsibility for your health and wellbeing, alongside the supportive measures agreed during your Wellbeing Support Meetings to improve your attendance at work. There are no significant improvements in your attendance and all supportive options have been exhausted, therefore we will need to follow the next steps within the Absence Procedure. We will be inviting you to a Case Conference where we will consider dismissal.

Yours sincerely,

Full Name

Position

Contact number

cc Trade Union Representative *(where relevant)*

People Management /Personnel File