**Please delete red and purple text before sending**

# AP4a Outcome of Wellbeing Support Meeting (Long 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 reason for your long-term absence. I confirmed you have been absent since Date due to Reason for absence. We discussed the following options available to support your wellbeing during your absence and how we may best assist you with returning to work.

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

**Please see Long-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. 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. **Not applicable if employee is still absent. This will likely be discussed when an employee has agreed a return to work date.**
6. Redeployment (AEP) - Insert details
7. Ill Health Retirement - Insert updates

**Please delete the following paragraphs which aren’t applicable to the employee’s absence stage**

**Please note – these paragraphs are for guidance only and may need to be adjusted in some circumstances depending on the condition the employee suffers with. You do not need to add all paragraphs, only the ones applicable to the stage of the absence process you are at. Use the paragraph about “dismissal” with caution and contact People Management for support, especially if the employee is suffering with a medical disability.**

**If employee continues to be absent (delete if not appropriate)** –The Second/Third/Fourth Wellbeing Support Meeting will be held on Date at Time at Venue to review your long-term absence, and to explore any further options which may support you with returning to work.

Our aim is to see you back and I would like us to work together to achieve this. If between now and the next meeting there is anything further I can do to support your wellbeing, I encourage you to contact me to discuss.

You are expected to take personal responsibility for your health and wellbeing, alongside the supportive measures agreed during your Wellbeing Support Meetings. We will arrange a further wellbeing support meeting to review your absence as per the absence wellbeing procedure.

**If employee has confirmed a return to work date (delete if not appropriate) –** I look forward to seeing you back on Date and I’m pleased we have worked together to achieve this. If between now and your return to work date there are any changes to your health and wellbeing which mean you are unable to return, I encourage you to contact me as soon as possible. If this is the case, I will arrange a further Wellbeing Support Meeting to review the change in your circumstances and how I can support you with this.

**If you have exhausted all options with the employee and a Case Conference is required (delete 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. We will need to follow the next steps within the Absence Procedure as all supportive options have been exhausted. Therefore, we will be inviting you to a Case Conference where we may consider dismissal.

Yours sincerely,

Full Name

Position

Contact number

cc Trade Union Representative *(where relevant)*

People Management /Personnel File