**Please delete red text before sending**

**This letter should be sent first class recorded delivery in the post and where suitable, via email**

# AP6a Outcome of Case Conference

Enter a date.

**Private and Confidential**

Full Name

Address

Dear First Name,

I am writing to confirm the outcome of your Case Conference held in accordance with the Absence Procedure at Location and address on Date; thank you for your attendance.

Prior to the Case Conference, you were given a full set of documentation and were informed you were entitled to be accompanied at the hearing by a Trade Union Representative or work colleague**.** ***You declined to be accompanied/you were accompanied by*** Full Name, Job Title (TU/Colleague). I chaired the Case Conference and was supported by Full Name, Job Title and Full Name, Job Title attended as note taker.

The Case Conference was arranged following your last Wellbeing Support Meeting, held Date, where it was determined all supportive options had been exhausted and attendance expectations were not being met.

In reaching a decision, I considered the information provided by the Manager Full Name, Job Title which included: ***(amend/delete as appropriate)***

* Advice received from Occupational Health Service and/or specialist advice
* Your absence records and attendance expectations
* The impact of your absence on service delivery, work colleagues, and the Council/School
* The supportive options and/or actions offered and implemented to help you reach an acceptable level of attendance
* Any implications in relation to the Equality Act 2010 and other employment legislation
* Any representations from yourself
* Any new information

I considered all the submissions made and the evidence presented very carefully and foundas follows:

**List each point including your findings and reasons to support these.**

I considered ***(amend/delete as appropriate)***:

* Your persistent short term absences **or** your ongoing long term absence.
* There is no indication the supportive measures taken to improve the situation have been effective.
* The effect of your Choose an item. on service delivery.

**If decision is not dismissal –**

In the light of these considerations, my decision is your employment as Job Title will not be terminated due to Insert reasons. Your manager will be in touch to arrange a time and date for you to meet for a Wellbeing Support Meeting to discuss the next steps going forward.

**If decision is dismissal –**

In light of these considerations, my decision is your employment as Job Title shall be terminated on the grounds of Insert grounds. Your dismissal from work is effective from Insert date of Case Conference. In accordance with your contract of employment you are entitled to number of days/weeks notice and number of days/weeks of accrued annual leave. Payments will be made at the usual time, and the final payment will be made on Date (depending on notice period).

In accordance with the Absence Procedure, you have the right of appeal against the decision to dismiss you. If you wish to exercise this right, please write to me within 5 working days of the date of notification of the decision and state the reasons for the appeal.

If you choose not to appeal and you have any personal belongings you would like to be returned to you, please let me know and I shall make these arrangements. If you have any property belonging to the Council/School, please let me know and I shall make the arrangements to have these collected from you.

**PENSION (Only include Pension information if ill health retirement was considered, please delete all if not appropriate):**

Consideration was given to whether you met the criteria for ill health retirement benefits, and it has been decided you Choose an item..

Please note there is a separate appeal process which you should follow if you wish to challenge the ill health retirement decision.

**Please delete the three paragraphs below which don’t apply, depending on IHR decision**

You were considered for ill health retirement, however upon advice from an Independent Physician, the decision was you do not meet the criteria at this time.

Tier one means you have no reasonable prospect of being capable of undertaking any gainful employment before normal retirement age. The benefits are increased as if you continued in employment, working the same number of hours, until your state pension age, or 65 if later. The benefits are payable for life.

Tier two means you are certified as not capable of undertaking any gainful employment within 3 years of leaving employment but are likely to before normal retirement age. Benefits accrued are payable, for life, with an additional period of membership amounting to 25% of the membership that could have been achieved from the date of leaving until your state pension age or 65 if later, working the same number of hours.

Tier three means you are certified as likely to be capable of undertaking gainful employment within 3 years of leaving employment. Tier three benefits cease to be paid when gainful employment is found and in any event are only payable for a maximum of 3 years. You are required to inform the Council/School of any employment taken up, whether local government or not and on request, information must be made available to the Council/School regarding your employment status, pay and working hours. The Council/School will undertake a review after 18 months, which may include seeking a medical opinion as to whether you are capable of undertaking any gainful employment. The outcome of this review may result in the Tier three benefits ceasing or continuing in payment to the maximum 3 years or being uplifted to a Tier two pension. There is no provision within the regulations to uplift a Tier three pension to tier one pension benefits.

If you require further information about the pension decision and/or a copy of the Council/School Pension Appeal Procedure, this can be obtained from your manager or People Management. If you are unhappy with the pension decision, there is a separate appeal process to follow whereby you can appeal to the Local Pensions Partnership Administration ([www.lppapensions.co.uk](http://www.lppapensions.co.uk)) within 6 months of the date of this letter.

Yours sincerely,

Full Name

Position

Contact number

cc Trade Union Representative *(where relevant)*

People Management /Personnel File