# *[Use Departmental Headed Paper]*

# PRIVATE AND CONFIDENTIAL

NAME

ADDRESS

DATE

Dear NAME

**Final Formal Meeting Outcome: Managing Ill Health and Sickness Absence**

I am writing to confirm the outcome of the hearing held under the final formal stage of the University’s Managing Ill Health and Sickness Absence policy, held on date. You were accompanied at the meeting by Name, union representative/work colleague **OR** you chose not to be accompanied at the meeting. Name, was also present as the HR representative.

The purpose of the meeting, was to reach a decision on the issues that are affecting your attendance at work and preventing you from fulfilling your contract of employment with the University. During the meeting we discussed the following actions that have been taken to support your return to work/improved attendance, this includes:

*[Enter details discussed such as adjustments to duties, OH reports, any ISQ action plan, phased return arrangements etc.]*

After considering all the information presented at the meeting I advised that we would:

*[Enter details e.g. continue to monitor your attendance for a further period, from DATE to DATE, make the following adjustments to support your return to work/support your attendance at work, seek to redeploy you to an alternative role by placing you on the Redeployment Register for one month from the date of this letter]*

If your absence continues to cause concern, further action may be taken, in line with the University’s Managing Ill Health and Sickness Absence policy, including a further formal meeting at which termination of your contract of employment may be considered

If, at the end of the review period, an acceptable attendance level has been achieved, no further action will be taken.

I will meet with you again at the end of the review period, to confirm the outcome of this and what the next stages are.

**OR**

Following the meeting, and having carefully considered all the information available to me, I have decided that with regret, your contract of employment with the University will be terminated with effect from [date]. Payment of your notice period and payment of any outstanding leave will be made to you.

You have the right to appeal against the decision to terminate your employment. Any appeal should be made, in writing, to the Director of HR, within 10 working days of receipt of this letter setting out the grounds for your appeal in full. The Director of HR will then make arrangements for your appeal to be heard.

On a personal note I would like to say I hope you are able to make a full recovery of your health and offer you my best wishes for the future.

Yours sincerely

NAME

JOB TITLE

Copy: HR