

Sickness Absence Management

Informal Review Meeting

Harlow Council understands that your privacy is important to you. The details you provide on this form will be treated as private and confidential.

Full Name (PRINT):

Payroll No:

Service/Department:

Date of Meeting:

Number of days absent:

Number of periods absent:

Date of last review meeting: (If applicable)

Notes of discussion – must include agreed action points:

Employee Comments:

Line Manager Name (PRINT):

Line Manager Signature:

Date:

Employee Signature:

Date:

ONCE SIGNED, PLEASE FORWARD A COPY TO HUMAN RESOURCES, 3rd FLOOR, CIVIC CENTRE AND TO THE EMPLOYEE.