



## Teachers Managing Absence (F8) Toolkit TMA 03

TMA (F8) 03 (a) - Return to Work Discussion Form						
This form must be completed after every sickness absence						
<b>Section 1. Teacher/Associated Professional Details</b>						
Name:		Employee No:				
Location/Unit:		Job Title:				
Head Teacher/Depute Head Teacher Name:						
<b>Section 2. Absence Details</b>						
Day/Date of Interview: (the return-to-work meeting should normally be undertaken the day the Teacher/Associated Professional returns to work)						
Method of discussion:		Face to Face	<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Video Call <input type="checkbox"/>
Day/Date absence commenced:						
Return to Work Date:				No. of Workdays absent:		
Did the Teacher/Associated Professional comply with the notification & certification procedures: (If no, discuss with them and remind them of their responsibilities and consequences of not complying in future)		Yes <input type="checkbox"/> No <input type="checkbox"/>		Has the Teacher's/ Associated Professional's absence been ended on iTrent? (they should be reminded to do this through MySelf)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Absence: (If the reason given for the absence differs from the original reason given, please ensure this is discussed and iTrent amended accordingly)		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Was the Absence Work Related? (If, yes please ensure this is recorded correctly on iTrent and discuss whether any additional support is required as outlined at Section 3)						
If either party considers the absence was due to an industrial injury, please refer to Section 6.5 of TMA Policy (F8) for guidance on how this should be dealt with						
Fitness for Work: (Ensure the Teacher /Associated Professional is fit to RTW and discuss whether any additional support is required and provide detail at Section 3)						

Section 3. Additional Support			
Occupational Health Referral <input type="checkbox"/>	Details of any other support offered to the Teacher/ Associated Professional to help them remain at work i.e. phased return, adjustment to duties, training etc.		
Individual Stress Risk Assessment <input type="checkbox"/>			
Employee Counselling <input type="checkbox"/>			
Physiotherapy <input type="checkbox"/>			
Other e.g. referral to other support service <input type="checkbox"/>			
Any other matters that either party wishes to discuss in relation to the absence? (if there were any non-medical reasons, such as personal issues or reasons relating to the job/ working conditions/relationships which were the cause of the absence this should be addressed).			
Has the Teacher/Associated Professional been updated on any work issues that occurred during their absence?		Yes <input type="checkbox"/>	No <input type="checkbox"/> (n/a)
Section 4. Management Action			
As a result of this absence has the Teacher/ Associated Professional met a trigger in accordance with the TMA Policy (F8) (if yes please select appropriate trigger/s) Discuss absences in last rolling 6 or 12-month period (depending on trigger met): (copy of absence record should be attached)	Yes <input type="checkbox"/> No <input type="checkbox"/>  <b>If no, proceed to end of form and sign / date</b>	3 occasions of sickness absence in a rolling 6-month cycle	<input type="checkbox"/>
		8 days or more cumulative absence in a rolling 12-month cycle	<input type="checkbox"/>
		2 weeks continuous absence.	<input type="checkbox"/>
Discuss any other concerns about the Teacher's/Associated Professional's attendance? i.e. patterns of absence, time keeping, reasons for absence			
If applicable has the Teacher/Associated Professional been advised that they are required to attend a Formal Attendance Review Meeting?		Yes <input type="checkbox"/> (If, yes, refer to Section 2.7 of TMA Policy (F8) and Managers Toolkit for guidance on next steps) No <input type="checkbox"/> (if no provide reason i.e. discretion request to be made, see Section 2.9 of TMA Policy (F8))	
Has the Teacher/Associated Professional been made aware of future actions that may be taken in accordance with the TMA Policy (F8) if their attendance levels were to deteriorate in the near future? i.e. further formal attendance reviews, dismissal		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>The information in this form will be used for the purposes of recording, monitoring and reviewing the Teacher's/Associated Professional's attendance levels and may be referred to if any formal action is taken in relation to attendance levels.</b>			
Signed Teacher/Associated Professional:		Date:	
Signed Head Teacher/Depute Head Teacher:		Date:	