

Teachers Managing Absence Toolkit TMA (F8)

Section 1. Teacher/Associated Professional Details Name: Employee No: Location/Unit: Job Title: Head Teacher / Depute Head Teacher Name: Section 2. Absence Information Date Absence Commenced: Work Related Yes No (if, yes please ensure this is recorded correctly on iTrent and discuss whether any additional support is required) (if the reason given differs from the original reason please ensure this is discussed with the Teacher / Associated Professional) (if the reason is Work Related Stress please refer to Section 4.1 of the TMA Policy for guidance on how this should be dealt with) Does the Teacher/Associated Professional have an anticipated Return to Work Date: No EAP (Employee Assistance Programme) Stress Risk Assessment Occupational Health Referral Other (please state) Would the Teacher/Associated Professional be able to carry out a different role on a temporary basis to allow an earlier return? 4 Would the Teacher/Associated Professional be able to carry out a different role on a temporary basis to allow an earlier return? 4 Has the Teacher/Associated Professional be able to carry out a different role on a temporary basis to allow an earlier return? 7 Summary of Discussion and Agreed Action Sample Summary of Discussion and Agreed Action Sample Summary of Discussion and Agreed Action Sample Sample Summary of Discussion and Agreed Action Sample Sa	TMA (F8) 04 (b) - ATTENDANCE SUPPORT MEETING FORM								
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