

Our Ref: <<Managers initial>>  
Your Ref: <<Employee Number>>  
Contact: <<Manager Name>>  
Tel:  
E-mail:  
Date:



### Service Details

Name  
Job Title  
Job Title Second Line  
Address Line 1  
Address Line 2  
Address Line 3  
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### Private and Confidential

«JointName»  
«Address1»  
«TenancyCorrAddress2»  
«TenancyCorrAddress3»  
«TenancyCorrAddress4»  
«TenancyCorrAddress5»  
«TenancyCorrAddress6»

Dear «JointTitle» «JointSurname»

### STAGE 3 CAPABILITY MEETING – LONG TERM ABSENCE (F8) - CONFIRMATION OF DISMISSAL on the GROUNDS of UNSUSTAINABLE LEVELS OF ABSENCE/ILL HEALTH JOB TITLE: <<INSERT JOB TITLE>>

I refer to the Stage 3 Capability Meeting held on **(insert date)**. This meeting was conducted by telephone/video conferencing/held at **(insert location) (delete as appropriate)**. You were accompanied at the meeting by **(insert name)/you confirmed that you were happy not to be accompanied at this meeting (delete as appropriate)**. **NAME**, Employment & Policy Advisor was also in attendance as a representative from People Resources.

The meeting was arranged to discuss your current absence from work which began on **(insert date)** due to **(insert reason)**.

We began the meeting by discussing the outcome of your Stage 2 Formal Attendance Review Meeting **(enter details of previous meeting)**.

At the meeting, we discussed how you were feeling, and you advised **(enter details of discussion held)**.

We also discussed the medical report received following your appointment with the Council's Occupational Health Adviser **(insert summary of discussion)**.

In addition, we discussed the advice received from Occupational Health in relation to any adjustments/supports that could be offered to support your return to work and you advised **(insert details discussed)**

We then discussed the supports given/offered by the council including **(enter details – ensure Stage 3 Capability Checklist has been completed and discussed with E&P)**

I asked if there was any additional information that you wished to be considered in relation to your absence(s) and you advised that **(insert summary of discussion)**.



**<(if ill health retirement not considered)**

Having considered your level of sickness absence, the Occupational Health reports, and the information provided by you, I advised that the Council could not continue to sustain your current level of sickness absence. Therefore, I confirmed that your employment with the Council would be terminated on the grounds of unsustainable levels of absence effective from **(insert date of meeting)**

**<(ill health retirement granted)**

Following your application to SPPA, I understand that you have now been advised that you have been granted Ill Health Retirement and that you have advised SPPA you wish to retire from your post of **(Insert job title)** within **(insert school /location)** with effect from **(insert date)**.

Given that you have been absent from work since **(insert absence start date)** and considering the information from Occupational Health and that you have been granted Ill Health Retirement by SPPA, I have made the decision to terminate your employment from the post of **(insert job title)** with effect from **(insert agreed retirement date)**.

**<(ill health retirement not granted)**

Following your application to the SPPA for Ill Health Retirement as you feel you are unfit to return to work, I am aware that the SPPA have made the decision not to grant you Ill Health Retirement at this time.

While I appreciate this is not the outcome you were hoping for I advised that having fully considered the circumstances of your absence, including the support and adjustments offered to you to try and assist with a return to work, as detailed above, and as you remain unfit for work and are unable to provide an imminent return to work date, regretfully it was determined that you would be dismissed from the Council on the grounds of capability due to ill-health effective from **(insert date of meeting)**.

I can confirm that a payment of **(insert weeks)** pay in lieu of notice plus any other outstanding monies are currently being processed and will be in the next available pay.

You have the right of appeal against your dismissal. If you decide to appeal you must write to Fiona Whittaker, Chief Officer (People Resources), Civic Centre, Windmillhill Street, Motherwell, ML1 1AB preferably by email at [Whittakerf@northlan.gov.uk](mailto:Whittakerf@northlan.gov.uk) within ten working days of receipt of this written communication. Please note, any such appeal will be considered by the NLC Education Employee Appeals Sub Committee.

I would ask that you make arrangements to return your ID card and any other equipment or clothing provided by North Lanarkshire Council.

Finally, on a less formal note, may I take this opportunity to thank you for your services to the Council and offer my best wishes for the future.

**<(if discretion has been applied)**

Having considered your level of sickness absence, the Occupational Health reports, and your comments, I advised you that your employment will not be terminated on this occasion on the basis **(insert summary of reasons for applying discretion, detailing monitoring period)**. A return-to-work timeframe/date was also agreed **(insert details if applicable)**.

I reiterated to you that cases of significant long-term absence cannot be sustained indefinitely and confirmed that if you were unable to return to work as agreed then another Stage 3 Capability Meeting would be held to consider dismissal due to capability on the grounds of ill health.

I trust this is an accurate reflection of matters discussed but if you need any further clarification or support please do not hesitate to contact me.

Yours sincerely

>>NAME>>

>>CHIEF OFFICER OR SENIOR EDUCATION & FAMILIES MANAGER>>