|  |  |  |
| --- | --- | --- |
| Our Ref:Your Ref:Contact:Tel:E-mail:Date: | InitialEmployee NumberName01698  |  |
| **Private and Confidential**«JointName»«Address1»«TenancyCorrAddress2»«TenancyCorrAddress3»«TenancyCorrAddress4»«TenancyCorrAddress5»«TenancyCorrAddress6» |  | **Service Details**NameJob TitleJob Title Second LineAddress Line 1Address Line 2Address Line 2[**www.northlanarkshire.gov.uk**](http://www.northlanarkshire.gov.uk/) |
| Dear «JointTitle» «JointSurname» |

**Stage 3 Capability Meeting – Invite- Short Term**

**JOB TITLE: (insert job title for ALL employees posts the meeting is referring to)**

I refer to your Stage 2 Formal Attendance Review meeting held on **(insert date).** Since this meeting, your absence levels have reached a further trigger of *3 occasions of sickness absence in a rolling 12-month cycle, or 8 days or more cumulative absence in a rolling 12-month cycle or a continuous absence of 2 working weeks* **(delete as appropriate)**.

As a result of this a Stage 3 Case Review has been undertaken and the conclusion of this review is that in accordance with the Supporting Attendance Policy you are required to attend a Stage 3 Capability Meeting.

**Location : <<INSERT LOCATION DETAILS>>**

**Date : <<INSERT DATE>>**

**Time : <<INSERT TIME>>**

***Delete as appropriate*** Teams Call - An invite will be sent to your calendar with a link to join the meeting at the allocated time/ Conference Call - Please make yourself available at the allocated time as you will be called on the personal number you have provided.

Please note that recording of this meeting is strictly prohibited unless by mutual consent of both parties. Any covert recording of this meeting will not be considered as part of any future Council proceedings.

The purpose of the meeting is to discuss:

• Your sickness absence record over the last 12 months and any other periods of absence that has contributed to you reaching this stage of the supporting attendance process.

A copy of these absences is enclosed (managers please note that if available you can also include a record of any incidences where the employee has gone home sick, if this demonstrates a pattern of non-attendance)

• The content of the medical report received following your appointment with the council’s Occupational Health Adviser (delete if not applicable).

• The continuation of your employment with the council and any evidence you wish to present which is relevant to the consideration of this.

• Any interventions the service may be able to offer you to assist in improving your attendance and sustaining your continued employment with the council, subject to the ability of the service being able to accommodate this.

During this meeting, in-depth discussions will take place about all available options and it is very important that you are aware that one of the potential outcomes of those deliberations may be termination of your employment with the Council.

You are entitled to be accompanied at this meeting by a trade union representative (this does not need to be a NLC TU representative), a colleague, or an official employed by a trade union. Section 2.8 of the Supporting Attendance Policy and Procedure provides further information on when you can be accompanied by someone other than the above and in what capacity they can support you in.

I would be grateful if you could notify me in advance of the meeting who will be accompanying you and in what capacity. Please also let me know before the meeting if you require me to make any special arrangements to enable you to attend the meeting.

A copy of the Council’s Supporting Attendance Policy and Procedure is available on MyNL.

Finally, please confirm your attendance at this meeting by contacting **<<INSERT NAME>>** by telephone on **<<INSERT TELEPHONE NUMBER>>,** upon receipt of this letter. If you are unable to attend, please contact me as soon as possible to discuss your reasons and to arrange another meeting.

Yours sincerely,

**<<LINE MANAGER NAME>>**

**<<JOB TITLE>>**