**WORKPLACE SUPPORT PLAN**

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| --- | --- | --- | --- |
| Employee Name: |  | Function: |  |
| Job title: |  | Line manager: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Reason for support requirements** | **Identified by** | **Adjustments/Measures put in place** | **Monitoring of measures** | **Timescales** |
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\*\*\*This document can be amended and updated at any time according to discussions taking place.

**Signed by Line Manger and employee that they agree the Workplace Support Plan**

Signed (line manager): Date:

Signed (employee): Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Review Meetings** | **Date** | **Summary of Meeting** | **Line Manager’s Signature** | **Employee’s Signature** |
| Weeks 1- 2 |  |  |  |  |
| Weeks 3- 4 |  |  |  |  |
| Weeks 5- 6 |  |  |  |  |
| Weeks 7- 8 |  |  |  |  |