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| **CAPABILITY / CONDUCT *(delete one)* REPORT** |
| **1. Employee Details** |
| First Name: |  | Surname: |  |
| Job Title: |  | Employee No: |  |
| Location: |  | Cluster/Funct: |  |
| **2. Sickness absence details (copy attached)**List sickness absences that resulted in the employee meeting one of the trigger points as well as any absences which occurred during the Stage 1, 2 and 3 review periods. |
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| **3. Occupational Health and medical reports (copies attached)**Please state the dates when Occupational Health reports were provided and extract the main points from relevant medical reports, in particular from the latest report. |
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| **4. Record of meetings at Stages 1, 2 and 3 (copies attached)**Include details of the meetings at Stages 1, 2 and 3 of the procedure and any other communications you have had with the employee out with formal meetings and outline the main points of your discussions.This should include information on any measures the Council has taken or offered, to help the employee to improve their sickness absence record, including any reasonable adjustments in relation to a disability where the Equality Act applies.  |
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| **5. Employee Response**Please outline* What the employee’s response has been to their ongoing absence(s),
* the reasons for their continued absence(s)
* why there has been no improvement
* barriers to them improving attendance, and
* relevant medical information etc.

Include also: -* the employee’s response to measures suggested by the Council to help improve their record, and
* any other suggestions the employee has put forward.
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| **6. Other**Please include any other relevant information |
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| **7. Summary**Please provide a brief summary of how the case has reached Stage 3 of the procedure, where a Capability / Conduct **(delete one)** Assessment Meeting is now necessary to consider whether dismissal on grounds of capability / conduct **(delete as appropriate)** is appropriate ie the key factors that have resulted in this. |
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| **8. Line Manager Details** |
| **Name:** |  |
| **Job Title:** |  |
| **Cluster/ Function:** |  |
| **Signature:** |  |
| **Date:** |  |