**Employee Name**

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title:** |  | **Place of work:** |  |

**Stage 3 Hearing Contents Page**

1. Stage 3 Hearing Report & Chronology
2. Correspondence & Letter
   1. Support Meeting Documents
   2. Stage 1 Documents
   3. Stage 2 Documents
   4. Stage 3 Documents
   5. Other Letters and notes
3. Occupational Health Reports
4. Occupational Health Referrals
5. Copies of return-to-work forms
6. Copies of fitness to work statements
7. Job profile/person specification
8. Contract of employment
9. Copy of absence and wellbeing Procedure

**Cumbria Fire & Rescue Service** **Stage 3** **Absence Report**

|  |  |  |
| --- | --- | --- |
| **Employee Details** | | |
| **Name:** | **Personnel No:** | **DOB:** |
| **Contracted Hours:** | **Position:** | |
| **Place of Work:** | | |
| **Line Management:** | | |

**1. INTRODUCTION**

**1.1** The purpose of the hearing is to consider the facts presented and to determine whether \*EMPLOYEE NAME\* health is sufficient for him/her/them to be able to perform the full range of duties and responsibilities of his/her post.

**1.2** If the hearing concludes that he/she is not fit to perform the duties and discharge the responsibilities it will consider what has been done by the service to assist his/her to return to work, and what action should be taken now.

**1.3** The options for action are as follows:

* Reasonable adjustments to current post
* Redeployment within Services
* Redeployment within CFRS
* Retraining
* Dismissal on grounds of capability

**1.4** A copy of the Cumbria Fire & Rescue Service Absence and wellbeing procedure is attached.

**2. EMPLOYMENT HISTORY**

**2.1** Key dates are as follows:

**Date of Birth:**

**Commenced employment with Local Authority on:**

**Commenced employment with Cumbria Fire & Rescue Service on**:

**Commenced employment in current role:**

**2.2.1** As a \*JOB TITLE\* is responsible for: See Unique Job Specification

Purpose of the role

**2.2.2** A copy of the job profile is attached.

**INFORMATION REGARDING SUPERVISION & MANAGEMENT**

Within the 12 months prior to the commencement of the current, ongoing absence \*EMPLOYEE NAME\* participated in Supervision and Appraisal as follows:

|  |  |  |
| --- | --- | --- |
| **Supervision & Appraisal Record** | | |
| **Date** | **Type** | **Content** |
|  |  |  |
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**3. ABSENCE RECORD**

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| --- | --- | --- |
| **Dates** | **No. of Days** | **Reason** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**4. ABSENCE MANAGEMENT & OTHER MANAGEMENT INTERVENTION / SUPPORT**

|  |  |
| --- | --- |
| **Dates** | **Action** |
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In addition to the above a comprehensive Contact Chronology has been maintained by the line manager.

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| --- | --- | --- |
| **AEP Job Search Support** | | |
| **Date** | **Supported By** | **Action** |
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**5. EFFECT ON DEPARTMENT**

Detail here the effect the absence has had on the department such as in the example below:

The Employee’s absence has had the following effect upon the Department:

1. Additional Workload for Colleagues.
2. Disruption in Continuity of Care to Service Users.
3. Additional Workload for Manager and Supervisor in relation to the implementation of Absence and Wellbeing procedure.
4. Significant additional financial expenditure to provide necessary \*JOB TITLE\* cover.

**6. ACTION TAKEN**

Detail here all the action taken as in the example below:

1. Keep-In-Touch meetings conducted throughout the period of absence.
2. Ongoing Employee wellbeing service support and input.
3. Phased return to work and amended duties planned and agreed but not commenced.
4. Significant additional financial expenditure to provide necessary cover.

**7. SUMMARY**

Complete a summary of the case here.

**REPORT COMPLETED BY:**

Signed:

Date: