|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***EXAMPLE:*** A1 Contact Record Log (communication / contact chronology)  A contact sheet should be maintained for each individual and must be completed after ***every*** meeting / communication. It should be private and confidential, structured and factual (examples provided below). It may be shared with the employee  **Before any meeting, please ensure you have**: Employee’s absence history, Occupational Health reports, additional information as applicable.   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Employee:** | **XXXX** | **Post:** |  | **Directorate:** |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Absence start date & reason** | **Date of contact** | **Type of Contact**  **eg: telephone/**  **letter/email** | **Advice given by People Management (as applicable)** | **Summary of communication** | **Signature and Designation** | | 8.10.12  Back pain | 12.10.12 | Telephone | Not required | XXXXX feeling a bit better but still uncomfortable. S/he has an appointment with the Doctor tomorrow. S/he will let me know how s/he got on and when s/he is likely to return to work. | *A. Other*  Supervisor | | “” | 13.10.12 | Telephone | Not required | XXXXX contacted me today. S/he has been signed off for 2 weeks but hopes to be back after that.  Diary note made to contact XXXXX nearer the expiry of sick note. | *A. Other*  Supervisor | | “” | 26.10.12 | Telephone | Not required | Contacted XXXX who is still not well enough to return to work. S/he is going back to her Doctor. | *A. Other*  Supervisor | | “ | 28.10.12 | Telephone | Not required | XXXX contacted me today. S/he is signed off for a further 2 weeks.  Diary note made to contact People Management for advice. | *A. Other*  Supervisor | | “ | 1.11.12 | email | Yes | Arrange a home visit if s/he is unable to drive to the office due to the back problem. Consider whether an Occupational Health referral is necessary. | *A. Other*  Supervisor | | “ | 2.11.12 | Telephone and Letter | Not required | Arranged a home visit for 8/11/12  Confirmed in writing. | *A. Other*  Supervisor | | “ | 8/11/12 | Home Visit (accompanied by YYY; ZZZ also present) | Yes | Referral to the Occupational Health Service discussed with XXXX.  Diary note to check for receipt of report. | *A. Other*  Supervisor | | “ | 3/1/13 | Telephone | Not required | XXXX contacted me today. S/he has attended the Occupational Health and is signed off by Doctor for a month. | *A. Other*  Supervisor | | “ | 10/1/13 | Letter | Yes | The Occupational Health Service Report says XXX should be fit for work with some adjustments in the workplace.  XXX invited to Stage 1 Attendance Management Meeting | *A. Other*  Supervisor | |

# A1: Contact Record Log: (communication / contact chronology)

A contact sheet should be maintained for each individual and must be completed after ***every*** meeting / communication. It should be private and confidential, structured and factual. It may be shared with the employee.

**Before any meeting, please ensure you have**: Employee’s absence history, the Occupational Health reports, additional information as applicable.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee:** |  | **Post:** |  | **Directorate:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Absence start date & reason** | **Date of contact** | **Type of Contact**  **eg: telephone/**  **letter/email** | **Advice given by People Management (as applicable)** | **Summary of communication** | **Signature and Designation** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |