**MANAGEMENT OF ABSENCE**

**EXCEPTIONAL CIRCUMSTANCES FORM**

I am ***not*** going to follow the formal Management of Absence Procedure due to exceptional circumstances. Referral to Occupational Health ***must*** still be made at an appropriate time.

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| --- | --- | --- |
| Employee Name: | | |
| Job Title: | | Unit/Team: |
| Absence record in previous rolling 12 months | No of days: | No. of periods: |

|  |  |  |  |
| --- | --- | --- | --- |
| 1st Day of Absence |  | | |
| Date Returned to Work (if applicable) |  | | |
| Please give details of the reasons for the employee’s absence: | | | |
| Have you maintained regular contact with the Employee: | | Yes | No |
| If yes, please give details: | | | |
| Date of referral to Occupational Health (no later than 30 days from start of absence): | | |  |
| Date on which the services of EAP were offered | | |  |

|  |  |
| --- | --- |
| Please explain why you are **not going** to follow formal Management of Absence  Procedure: | |
| Manager’s Name: | Date: |
| Manager’s Job Title: | |
| **Please upload this file onto the employees personal file** | |