PARISH/PCC NAME

Absence Improvement Plan

*Please note that this form should be used in conjunction with the Sickness Absence Policy and the Capability Procedure*

|  |  |
| --- | --- |
| Employee name  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Absence Dates and Details (last 12 rolling months) | Agreed improvement actions *Detail what actions need to be taken to meet* *Acceptable levels of sickness absence*  | Support *Detail what has been agreed in terms of support* *required to achieve acceptable levels of sickness absence*  | Review Date  | Review notes *Detail improvement made and any future review dates*  | Date to achieve expected standard of absence |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| This action plan has been agreed by: | Signed | Date |
| Manager |  |  |
| Employee |  |  |