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 |  |  |