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**Template Letters/Forms (Appendix X.1 – X.39)**

**This document contains:**

[APPENDIX X.1 Invitation to disciplinary/capability hearing 5](#_Toc457892058)

[APPENDIX X.2 Verbal/written warning letter 7](#_Toc457892059)

[APPENDIX X.3 Final written warning letter 9](#_Toc457892060)

[APPENDIX X.4 Dismissal letter 11](#_Toc457892061)

[APPENDIX X.5 Acknowledgement of appeal 13](#_Toc457892062)

[APPENDIX X.6 Invite to a grievance hearing 14](#_Toc457892063)

[APPENDIX X.7 Outcome of grievance hearing 15](#_Toc457892064)

[APPENDIX X.8 Capability performance improvement plan 16](#_Toc457892065)

[APPENDIX X.9 Outcome of appeal 17](#_Toc457892066)

[APPENDIX X.10 Form for self-certifying sickness absence 18](#_Toc457892067)

[APPENDIX X.11 Form for return to work interview following sickness 22](#_Toc457892068)

[APPENDIX X.12 Form for an employee to give employer access to their medical record 25](#_Toc457892069)

[APPENDIX X.13 Letter requesting an employee attends a medical examination 28](#_Toc457892070)

[APPENDIX X.14 Letter to a medical practitioner requesting a medical report on an employee on long-term sick leave 29](#_Toc457892071)

[APPENDIX X.15 Letter inviting an employee to attend a meeting on their return to work following a period of sickness absence 31](#_Toc457892072)

[APPENDIX X.16 Standard letter confirming the outcome of a meeting to discuss long-term sickness absence 32](#_Toc457892073)

[APPENDIX X.17 Letter terminating an employee's employment due to long-term sickness absence 34](#_Toc457892074)

[APPENDIX X.17 Letter terminating an employee's employment due to long-term sickness absence 35](#_Toc457892075)

[APPENDIX X.18 Standard form for use by mother, father or adopter requesting statutory maternity/paternity or adoption leave 36](#_Toc457892076)

[APPENDIX X.19 Risk assessment form for new and expectant mothers 39](#_Toc457892077)

[APPENDIX X.20 Letter inviting a new or expectant mother to a meeting to discuss removing or reducing health and safety risks in her work environment 42](#_Toc457892078)

[APPENDIX X.21 Letter responding to an employee who has requested maternity leave 43](#_Toc457892079)

[APPENDIX X.22 Letter to an employee absent for a pregnancy-related reason close to fourth week before her EWC 45](#_Toc457892080)

[APPENDIX X.23 Letter to an employee whose maternity leave has been triggered by pregnancy-related absence 46](#_Toc457892081)

[APPENDIX X.24 Letter to an employee whose maternity leave has been triggered by the early birth of her child 48](#_Toc457892082)

[APPENDIX X.25 Letter responding to a request for part-time hours on return to work 50](#_Toc457892083)

[APPENDIX X.26 Employee letter to provide notification that she wishes to return to work early from maternity leave 51](#_Toc457892084)

[APPENDIX X.27 Employee letter to provide notification that she does not intend to return to work after maternity leave 52](#_Toc457892085)

[APPENDIX X.28 Letter accepting paternity leave request 53](#_Toc457892086)

[APPENDIX X.29 Letter requesting an employee to provide evidence of eligibility for adoption leave and pay (adoption within the UK) 54](#_Toc457892087)

[APPENDIX X.30 Letter of confirmation from employer to employee who has notified their intention to take adoption leave 55](#_Toc457892088)

[APPENDIX X.31 Employee form to request parental leave 57](#_Toc457892089)

[APPENDIX X.32 Letter to an employee explaining the right to take parental leave 59](#_Toc457892090)

[APPENDIX X.33 Flexible working application form 61](#_Toc457892091)

[APPENDIX X.34 Acknowledgement of request to work flexibly letter 65](#_Toc457892092)

[APPENDIX X.35 Homeworking questionnaire 66](#_Toc457892093)

[APPENDIX X.36 Personal data subject access request form 69](#_Toc457892094)

[APPENDIX X.37 Rejection letter initial sift 73](#_Toc457892095)

[APPENDIX X.38 Rejection letter following an interview 74](#_Toc457892096)

[APPENDIX X.39 Example Exit Interview Form 75](#_Toc457892098)

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Also available in Welsh. Also available in large print format.



# APPENDIX X.1 Invitation to disciplinary/capability hearing

Dear [name],

I write to advise you that you are required to attend a disciplinary/capability hearing as detailed below:

Date: [date] Time: [time] Venue: [location].

The meeting will be conducted in accordance with the organisation’s disciplinary/capability procedure, a copy of which is enclosed for your reference. The hearing is to give you the opportunity to respond to the following allegations:

[Details of allegations against the employee and the policies/procedures that have been breached.]

OR

 [The hearing is to discuss your capability within the role of [job title]]

The hearing will be conducted by a panel consisting of [name and title of those making up the panel].

As this is a formal disciplinary/capability hearing you may be accompanied by your trade union representative or a colleague.

During the hearing you will be able to ask questions, present evidence, call for witnesses to be available and question the information provided within the witness statements concerning the allegations.

You may send a written response to the allegations in advance of the hearing to [relevant name], together with details of any witnesses that you wish to be made available to answer questions from the panel.

I have enclosed documents of evidence which will be presented at the hearing.

OR

The documentation which will be used at the hearing will be forwarded to you [the number of days] before the hearing, along with details of any witnesses that the panel intends to call.

Please acknowledge receipt of this letter by signing the attached copy and returning it in the envelope provided by return of post. [If applicable]

Yours sincerely,

[Name]

[Job Title]

# APPENDIX X.2 Verbal/written warning letter

Dear [insert name]

**Verbal/Written Warning**

 [Date]

I am writing to confirm the outcome of the disciplinary hearing, which was held in [location] at [time] on [date].

Present at the hearing were [names and job titles] and ourselves. You were given the opportunity of being accompanied by a work colleague of your choice or accredited trade union official, which you declined [Delete if accompanied].

The hearing had been arranged to discuss alleged breach(es) of the organisation’s disciplinary rules in that [details].

You were given every opportunity to explain and account for your actions.

The hearing was adjourned and scheduled to reconvene on [date and time]. This provided me with time to fully consider the facts presented and I gave my decision as follows:

*Or*

After the hearing and subsequent adjournment, I gave/give my decision which is as follows:

*[Include/delete as applicable:]*

* You have admitted to [detail]
* I believe that [detail]
* I am satisfied [detail]
* I also took into consideration previous disciplinary action that has been taken against you on [date]
* I have been mindful of your long service with the organisation and your clean disciplinary record to date.
* You have failed to provide any mitigating factors
* In mitigation, I have taken into consideration the fact that [Enter detail]

[Please ensure that what was said at the meeting is repeated in this letter.]

I have decided to issue you with a verbal/written warning. The organisation requires an immediate, substantial and sustained level of improvement in [detail]. I must stress that any future breaches of any of the organisation’s disciplinary rules will result in further disciplinary action being taken.

[where applicable] This warning will be placed in your personal file but will be disregarded for disciplinary purposes after a period of [number] months.

You have the right to appeal against my decision. This should be made in writing, addressed to [name and job title] within [number] of working days from the receipt of this letter, stating your reasons for the appeal.

You are entitled to be accompanied by a work colleague or an accredited Trade Union official of your choice at the appeal meeting. If you appeal against this decision, could you please inform me prior to the meeting who you intend to have accompanying you. Please contact me if you require any assistance in making the arrangements.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.3 Final written warning letter

Dear [name]

**Final Written Warning**

You were requested to attend a hearing at Stage [Stage] of the organisation’s disciplinary procedure to discuss [state the allegation].

The hearing took place on [date] at which you were accompanied by [name, job title].

OR

The hearing took place on [date] at which you declined your right to be accompanied by a colleague/trade union representative.

The details of our investigation into the issue were read out and are as follows. [Give brief details.]

You were asked to comment and stated [give brief details of this and any subsequent discussions]. The notes of the hearing are attached, for your information.

Having fully considered the evidence that was presented at the hearing and your responses to my questions, I am satisfied that the facts of the case are as follows. [Give details and indicate how this constitutes a disciplinary offence.]

[Next refer to any ‘mitigating circumstances’ put forward by the employee to excuse the action and whether or not these are acceptable. Finally, refer to any recorded verbal warnings and/or first written warnings that are current and are relevant to the disciplinary decision.]

I am therefore issuing with a final written warning.

This warning will be placed on your personal file but will be disregarded for disciplinary purposes after a period of [number of months] provided [your conduct improves/performance reaches a satisfactory level].

Plan of improvement/future requirements

[Detail below the standard of conduct or performance that is expected in the future, and any assistance you will be providing, e.g. training, extra supervision or counselling to help meet this standard. State the timescales for improvement/review.]

You should note that the likely consequence of [further misconduct/insufficient improvement] is that further disciplinary action will be taken which may result in a [dismissal].

Under the organisation’s disciplinary procedure you have the right to appeal against a formal warning. If you wish to appeal, you must write within [x] working days of the receipt of this letter to [name, job title], stating the grounds for your appeal. [Name] will make arrangements for an appeals hearing to take place.

Yours sincerely

[Name]

[Job Title]

# APPENDIX X.4 Dismissal letter

Dear [name]

**Summary Dismissal**

You were requested to attend a hearing at Stage [insert Stage] of the organisation’s disciplinary procedure to discuss [state the alleged gross misconduct]. You were informed that the matter to be considered was a serious one and that summary dismissal could be the result.

You were provided with a copy of all of the evidence we had gathered together concerning this case.

The hearing took place on [date] at which you were accompanied by [name, job title].

OR

The hearing took place on [date] at which you declined your right to be accompanied by a colleague/trade union representative.

The details of our investigation into the alleged gross misconduct were read out and are as follows. [Give brief details.]

You were asked to comment and stated [give brief details of this and any subsequent discussions]. The notes of the hearing are attached for your information.

Having fully considered the evidence that was presented at the hearing and your responses to my questions, I am satisfied that the facts of the case are as follows. [Give details and indicate how this constitutes gross misconduct.]

[Next refer to any ‘mitigating circumstances’ put forward by the employee to excuse the action and why these are not acceptable. Note: ‘live’ recorded oral warnings and/or formal written warnings are unlikely to be relevant to gross misconduct cases as here, summary dismissal is justifiable for first offences.]

In view of the above, I have decided to summarily dismiss you from the organisation’s employment for gross misconduct for the following reasons: [reiterate the reasons]. Your dismissal is without notice or pay in lieu of notice.

You are therefore dismissed with immediate effect today, [insert date], which will constitute the effective date of termination of your employment.

You have the right to appeal against the decision to dismiss you. If you wish to appeal, you must write within [number of working days] of the receipt of this letter to [name, job title], stating the grounds for your appeal. [Name] will make arrangements for an appeals hearing to take place.

Should you decide to appeal, the effect of the dismissal will stand and you will remain dismissed pending the outcome of the appeals hearing.

Yours sincerely

[Name]

[Job Title]

# APPENDIX X.5 Acknowledgement of appeal

Dear [name]

Thank you for your letter dated [date of letter requesting appeal].

Your appeal will be heard on [date] at [time] by [name] from [organisation name] and will take place at [name and address of appeal venue].

You have the right to invite a representative from a trade union or a work colleague to accompany you. Please ensure that they are also aware of the date and time of the hearing.

It is prudent to warn you that our decision following the appeal hearing will be final and there will be no further appeals action.

You are required to confirm both your and any representative’s attendance at this meeting.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.6 Invite to a grievance hearing

Dear [name]

We refer to your letter dated [date] in which you have lodged a formal grievance in accordance with the Organisation’s grievance procedure.

You are now invited to attend a grievance meeting on [date] at [time] at [location] at which your grievance will be discussed. At the grievance meeting, you will of course be given the full opportunity to explain your position. The grievance meeting will be chaired by [name].

You have the statutory right to be accompanied at the grievance meeting. Your companion may be either a work colleague or a trade union official of your choice. Your companion will be permitted to address the meeting and to confer with you during the meeting but they will not be permitted to answer any questions on your behalf. You should inform the chair of the grievance meeting in advance of the identity of your chosen companion.

If you or your chosen companion is unable to attend this grievance meeting, you are asked to contact [name] as a matter of urgency so that an alternative date and time can be scheduled. You should take all reasonable steps to attend the grievance meeting. Failure to attend without good reason could result in the meeting being held, and a decision being taken, in your absence. However, if you fail to attend through circumstances completely outside your control and which are currently unforeseeable, the organisation will then arrange another meeting. Thereafter, if you fail to attend for a second time, the meeting will be held, and a decision will be taken on your grievance, in your absence.

After the meeting, we will inform you in writing of the organisation’s decision on your grievance.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.7 Outcome of grievance hearing

Dear [name]

**Outcome of Grievance Hearing**

I am writing to confirm the outcome of the Stage [insert Stage] hearing of the organisation’s grievance procedure held on [date] to discuss [state issue of concern]. The notes of the meeting are attached for your information.

After a full investigation and due consideration of the facts, my conclusions are as follows. [Give details.]

I have therefore decided to turn down your grievance for the following reasons [state reasons].

OR

I have therefore decided to suggest the following solution [give details of the suggested course of action/persons responsible/timescales/conditions, etc].

If you are not satisfied with this response, you may progress to the next stage of the grievance procedure by referring your grievance in writing to [name, job title] within [number of days] working days of the date of this letter. Arrangements for a further hearing will then be made.

If you have any queries about this decision, please do not hesitate to contact me.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.8 Capability performance improvement plan

|  |
| --- |
| The performance gap – current performance compared to expected performance. |
| Actions taken so far to get performance back on track.The results of that action. |
| What the employee is required to do now. |
| The timescale over which performance is expected to reach acceptable levels. |
| The consequences of the employee not performing to acceptable levels within that timescale. |
| The support that will be given to the employee to help them reach and maintain acceptable performance levels. |
| Signed:Manager:Date:  | Signed:Employee:Date: |

# APPENDIX X.9 Outcome of appeal

Dear [name]

In your letter of [date] you formally requested that a meeting be arranged under the organisation’s disciplinary and grievance procedure to hear your appeal against [appeal grounds].

The hearing took place on [date of appeal meeting] to which you were accompanied by [name].

You were invited to state the grounds on which the appeal was being made, as stated in your letter of [date of appeal letter]:

* [grounds of appeal]
* [grounds of appeal]
* [add or delete bullet points as required]

The hearing was heard by [name] and witnessed by [name] on behalf of [your company name].

[Name of person hearing appeal] carefully considered all of the information presented and has concluded that [your appeal was successful/unsuccessful]

The reason for this is as follows:

* [findings]
* [findings]
* [add or delete bullet points as required]

Yours sincerely

[Name]

[Job title]

# APPENDIX X.10 Form for self-certifying sickness absence

|  |  |
| --- | --- |
| Name of employee: |  |
| Employee number: |  |
| Department: |  | Date joined organisation: |  |
|  | Date |  |
| First day of absence: |  |
| Last day of absence:  |  |
| Date of return to work: |  |
| Total time absent: |   | days |  | hours |  |

|  |
| --- |
| This form must be completed by each employee on return to work following an absence of less than seven days. |
| Please give details of the reason for your absence |
|  |
| If the absence has already taken place, did you obtain prior authorisation to be absent? Yes / No |
| If Yes: |
| Who gave authorisation: |  |
| Date: |  |

|  |
| --- |
| Please complete the following if your absence was due to sickness. |
| When did you notify the organisation of your sickness?  |  |
| Whom did you notify?  |  |
| Did you consult your doctor? Yes / No |
| Did you obtain a medical certificate? [if Yes, please attach] Yes / No |
| Please provide any further relevant information: |
|  |

|  |
| --- |
| The following information is required to ensure the health, safety and welfare at work of yourself and others. |
| Are you taking any medication? Yes / No |
| If Yes, please provide details: |
|  |
| If Yes, have you been advised of any side effects that could affect your work or may be a safety hazard? Yes / No  |
| If Yes, please provide details: |
|  |

|  |
| --- |
| DeclarationI declare that all the information I have given in this form is true and that I have not withheld any material fact.I understand these details will be held in confidence by the organisation and may be used for the following purposes in compliance with the Data Protection Act 1998:* ensuring the health, safety and welfare at work of myself and other workers
* the avoidance of discrimination on the grounds of disability
* maintaining SSP and SMP records
* supplying information on accidents where industrial injury benefits may be payable
* ensuring the organisation is able to monitor and deal fairly with attendance and absence issues.
 |

|  |  |
| --- | --- |
| Full name [please print] |  |
| Signature |  |
| Date |  |
| Office use onlyData Protection Act 1998When completed, this form may contain sensitive personal data as defined by the Data Protection Act 1998. It must be kept secure and confidential. |
| Date received: |  | Date authorised/declined: |  |
| Recommendations | authorised / not authorised [delete as appropriate] |
| Manager’s name |  |
| Signature |  |

# APPENDIX X.11 Form for return to work interview following sickness

|  |  |
| --- | --- |
| Name of employee: |  |
| Employee number: |  |
| Department: |  | Date joined organisation: |  |
|  | Date |  |
| First day of absence: |  |
| Last day of absence:  |  |
| Date of return to work: |  |
| Total time absent: |   | days |  | hours |  |

|  |
| --- |
| This form must be completed by the manager for all employees on their return to work following an absence.The format of the interview should be determined by the reason for the absence and the individual circumstances. |
| Review the employee’s absence record over the previous 12 months. |
| Is there a regular pattern of absence? Yes / No |
| If Yes, please detail below: |
|  |
| Is there a recurring problem? Yes / No |
| If Yes, please detail below: |
|  |
| Was the correct reporting procedure followed? Yes / No |
| If No, please state reasons below: |
|  |
| Discuss reasons for absence and detail below: |
|  |
| Please provide any further relevant information: |
|  |

|  |
| --- |
| Summarise agreements and next steps below: |
|  |
| Recommendations: authorised / not authorised  |
| Office use onlyPlease note that by authorising this absence you are confirming that you are satisfied that the employee had a valid reason for being absent and that the employee has complied with all notification and certification procedures.Data Protection Act 1998When completed, this form may contain sensitive personal data as defined by the Data Protection Act 1998. It must be kept secure and confidential. |
| Manager’s name |  |
| Signature |  |
| Date |  |

# APPENDIX X.12 Form for an employee to give employer access to their medical record

|  |  |
| --- | --- |
| Name of employee: |  |
| Employee number: |  |
| Department: |  | Date joined organisation: |  |
| Doctor’s name: |  |
| Doctor’s address: |  |
| This form must be completed by the employee before a medical report is requested.In accordance with the terms of my contract of employment, I understand that I am required to give my consent before the Organisation can request a medical report on my health. The aim of the medical report has been explained to me in full and the purpose is to enable the Organisation to gain an understanding of my medical condition [in order for the Organisation to plan and consider any reasonable adjustments to my role].I have been informed of my statutory rights under the Access to Medical Reports Act 1988. These rights are set out in full overleaf and I have read them before signing below. The main points are that:* I can withhold my consent to the medical report.
* I can see the report before it is sent to the Organisation, or at any time during the six months after the report has been issued.
* I can ask the doctor to amend any part of the report that I may consider to be incorrect or misleading. If the doctor is not in agreement, I may attach a statement of my views to the report.

I understand that the doctor can withhold the report, or part of it, from me if they think I would be harmed by seeing it.Consent to obtain a medical report:I consent / do not consent\* to the Organisation requesting a medical report.I wish / do not wish\* to see the report before it is sent to the Organisation.[\*delete as appropriate] |
| Employee’s name |  |
| Signature |  |
| Date |  |

Your rights in full

Before we can apply for a medical report on your health we need your consent. You give this by signing in the space above. Before doing so, however, you should read these notes carefully because they set out your rights under the Access to Medical Reports Act 1988 and the procedures for dealing with reports. You do not have to give your consent but, if you do, you can state whether you wish to see the report before it is sent to the Organisation.

If you state that you wish to see the report, we will advise the doctor of this when we make arrangements for you to see them. You will then have 21 days to contact the doctor to make arrangements for you to see the report.

If you state that you do not wish to see the report, we do not have to notify you if we apply for one. If, however, before such a report is sent to us, you write to the doctor stating that you wish to see it, you will then have 21 days in which to arrange to see the report.

Whether or not you state that you wish to see the report before it is sent to us, if you ask, the doctor must let you see a copy for up to six months after it is supplied. If you ask the doctor for a copy of the report, they can charge you a reasonable fee to cover the costs.

If you have seen the report before it is sent to us, the doctor cannot submit it until they have your consent. You may write to the doctor requesting amendments to any part of the report that you consider to be incorrect or misleading. If the doctor is not in agreement, you may attach to the report a statement of your views on any part that the doctor is not prepared to alter.

The doctor is not obliged to let you see any part of the report if, in their opinion, it would be likely to cause serious harm to your physical or mental health, or that of others, or would indicate the doctor's intentions towards you, or if disclosure would be likely to reveal information about another, unless that person has consented or the information relates to, or has been supplied by, a health professional involved in caring for you. In such cases, the doctor must notify you and you will be limited to seeing any remaining part of the report. If it is the whole report that is affected, they must not send it to us unless you give your consent.

Notes

The Organisation will only request a medical report to assist in the identification of any factors that may be affecting your health in order to establish whether it will affect your ability to perform the job that you have applied for.

Any decisions affecting employment with the Organisation will be taken only after full consultation with you, and a careful consideration of all of the circumstances.

You are entitled to withhold your consent but, if you do so, the Organisation may reluctantly be forced to make decisions affecting your employment without the benefit of expert medical opinion.

# APPENDIX X.13 Letter requesting an employee attends a medical examination

Dear [name]

I refer to your ongoing absence as a result of [reason].

In accordance with the terms of your contract of employment you are required to undergo a medical examination at the Organisation’s expense. The appointment will take place at [location] on [date] at [time].

The aim of the medical examination is to gain an understanding of your medical condition and will also assist us to identify any reasonable adjustments we should consider to enable you to return to work.

Please find attached a pro forma outlining your rights under the [Access to Medical Reports Act 1988/The Access to Personal Files and Medical Reports (Northern Ireland) Order 1991], which you should read in full before completing and signing the enclosed consent form.

If you are unable to attend at the above mentioned time or location, or you require any further information regarding the above, please contact me on [telephone number].

Yours sincerely

[Name]

[Job title]

# APPENDIX X.14 Letter to a medical practitioner requesting a medical report on an employee on long-term sick leave

Dear [name]

**MEDICAL REPORT - [name and date of birth]**

As we are concerned regarding the current state of [name]’s health and the potential impact on their role as [job title], we would like to gain your medical opinion. I enclose a form signed by [name] authorising me to contact you regarding their health.

[Name] is employed by [Organisation name] as a [job-title] and has worked for the Organisation since [start date]. Their duties involve [a detailed description of their duties and responsibilities, the physical environment of the workplace and include the hours of work].

As you are aware, [name] has been signed off from work since [date]. As their employer, I am concerned for their health and am also keen to know the extent to which this absence will affect our business. In order to make a proper assessment of how to proceed, and in particular to address the issue of whether they are suffering from a disability within the meaning of the Equality Act 2010, I need your medical advice. In that connection I require from you detailed and precise answers to the following questions:

1. What is the reason for [name]’s ill health? Please list their symptoms. If these symptoms amount to a recognisable medical condition, please state what that condition is, or is most likely to be, where appropriate giving the reasons for your diagnosis.
2. How long do you believe their symptoms or condition will persist? If this is impossible to assess, please say so. Otherwise, would you say that it is likely to be three months/6 months/one year/several years? Please be as precise as possible.
3. What effect, if any, does this condition have on their normal day-to-day activities apart from work?
4. Please detail any treatment and/or medication that they are receiving and what, if any, side-effects such medication or treatment might have.
5. What, if any, adjustments to their duties could be made in order to facilitate their return to work? If I was to make these adjustments, when could they return to work?
6. Please give any additional information that might assist us in making our assessment.

If you require any further information or have any queries regarding the above please contact me on [telephone number].

I would like to take this opportunity to thank you in advance for your assistance in this matter. I will of course pay your fee in accordance with BMA guidelines for preparing the medical report.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.15 Letter inviting an employee to attend a meeting on their return to work following a period of sickness absence

Dear [name]

I refer to your recent absence on [date] as a result of [reason]. I am pleased you [were/are] fit to return to work on [date].

I would like you to attend a meeting in [location] on [date] at [time]. The purpose of the meeting is to discuss your recent absence [due to your current state of health] and the potential impact on your role as [job title].

[OPTIONAL]

I would also like to discuss the medical report provided by your [doctor/specialist] and the recommendations your [doctor/specialist] has made regarding your return to work.

If you require any further information or have any queries regarding the above please contact me on [telephone number].

Should these arrangements be unsuitable, please contact me and alternative arrangements can be made.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.16 Standard letter confirming the outcome of a meeting to discuss long-term sickness absence

Dear [name]

Further to our recent meeting, I am writing to confirm the situation regarding your current absence due to sickness. The meeting took place on [date] at which you were accompanied by [name, job title].

OR

The meeting took place on [date] at which you declined your right to be accompanied by [a colleague/trade union representative].

You have been absent from work since [date] and your current medical certificate expires on [date]. At our meeting we discussed a number of issues:

[Detail the issues, the employee’s views and the progress to date on suggested actions for example:

* the treatment being received and the likelihood that a return –to work date will be set soon
* a summary of the medical advice received from the GP and the organisation’s practitioner
* the support being provided by the organisation
* any changes to working arrangements that are being considered to facilitate an early return to work
* alternative jobs under consideration, and the application process
* any reasonable adjustments that will be necessary, and how feasible these are in the event that the employee is deemed to be disabled
* Information on the health insurance scheme, if applicable, and the implementation process.

Next detail any further actions that are planned and who is responsible for carrying them out, eg:

* the employee may be required to arrange a further visit to the organisation’s practitioner
* the employee may have to apply for a vacancy by a specified closing date
* investigation of the cost and other implications of any suggested reasonable adjustment must be put in hand
* If alternative arrangements are likely, a check must be made on the implications for the employee’s terms and conditions of employment.

Next spell out the consequences of each course of action, e.g.:

* an early return to work, and the arrangements to facilitate it
* a delay in order to obtain further medical information before taking a final decision
* the arrangements for acceptance on the permanent health insurance scheme.

We also discussed the possibility of your GP certifying that you “may be fit for work” on your next fit note. If this does occur we agreed that a further meeting would take place with you, your line manager and the HR manager. At this meeting possible amendments to your work would be discussed to facilitate your return to work in some role.

It was emphasised that we could not guarantee that it would be possible to make amendments, but if your GP thought this was possible we would certainly be keen to explore this possibility further.

Finally, if appropriate, tell the employee that if all else fails, the organisation will have to consider dismissal. If the employee is unable to return by a specified date, the organisation will thus have no choice but to dismiss. Give brief details of the final monies due to the employee and a reminder of the right to appeal.]

I trust that the above summary is in line with your understanding of the situation.

Please do not hesitate to contact me if you have any queries about the contents of this letter.

In the meantime may I send you my very best wishes and pass on those of your colleagues.

Yours sincerely

[Name]

[Job title]

APPENDIX X.17 Letter terminating an employee's employment due to long-term sickness absence

Dear [name]

**Termination of your employment**

Further to our meeting on [date], I regret to confirm the decision to terminate your employment with [organisation name] with effect from [date].

I refer to the previous meetings held with you on [dates] to discuss your continued absence from work due to ill health and your capability for continued employment.

EITHER

At this meeting [name and job title] was also present and you chose not to be accompanied.

OR

At this meeting [name and job title] was also present and you were accompanied by [name and job title/relationship].

As discussed with you, and taking into account the medical reports received from your doctor on [dates], it is clear that your return to work is not imminent. You are also advised that there are no alternative duties, adjustments or support the organisation can undertake to facilitate your return.

It is regrettable that I must advise you of the organisation’s decision to terminate your employment on the grounds of capability through ill health.

Your date of dismissal is [date]. You will be paid [number] weeks pay in lieu of notice. You will also be entitled to be paid [number] days’ holiday pay. Your P45 and any monies owing to you will be forwarded to your home address.

You have the right to appeal against the decision made to terminate your employment and if you wish to do so you should write to [name, job title and address] by [date] clearly stating your grounds for appeal.

Should you wish any further clarification on this matter, please do not hesitate to contact me.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.17 Letter terminating an employee's employment due to long-term sickness absence

Dear [name]

**Termination of your employment**

Further to our meeting on [date], I regret to confirm the decision to terminate your employment with [organisation name] with effect from [date].

I refer to the previous meetings held with you on [dates] to discuss your continued absence from work due to ill health and your capability for continued employment.

EITHER

At this meeting [name and job title] was also present and you chose not to be accompanied.

OR

At this meeting [name and job title] was also present and you were accompanied by [name and job title/relationship].

As discussed with you, and taking into account the medical reports received from your doctor on [dates], it is clear that your return to work is not imminent. You are also advised that there are no alternative duties, adjustments or support the organisation can undertake to facilitate your return.

It is regrettable that I must advise you of the organisation’s decision to terminate your employment on the grounds of capability through ill health.

Your date of dismissal is [date]. You will be paid [number] weeks pay in lieu of notice. You will also be entitled to be paid [number] days’ holiday pay. Your P45 and any monies owing to you will be forwarded to your home address.

You have the right to appeal against the decision made to terminate your employment and if you wish to do so you should write to [name, job title and address] by [date] clearly stating your grounds for appeal.

Should you wish any further clarification on this matter, please do not hesitate to contact me.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.18 Standard form for use by mother, father or adopter requesting statutory maternity/paternity or adoption leave

Explanatory notes:

1. This form is to be used by employees requesting to take either maternity leave or adoption leave.

2. Please try to provide full answers to the questions. This will enable us to make the necessary arrangements for you to take your maternity/adoption leave.

3. Please keep a copy of this form for your records.

4. Please send the completed form to [details]. Please ensure you have signed and dated the form as indicated.

5. To qualify for statutory maternity leave you need to notify us no later than the end of the 15th. week before the expected week of childbirth (EWC) (unless this is not reasonably practicable, when notification should take place as soon as is reasonably practicable).

6. To qualify for statutory adoption leave you must have been continuously employed by [name of employer] for at least 26 weeks ending with the week in which you were notified of having been matched with the child and agreed with the relevant adoption agency that the child can be placed with you. The child must be aged under 18 years of age at the date of being placed with you.

7. You do not need to state whether you wish to take Additional Maternity Leave or Additional Adoption Leave because it is assumed that you will do so, unless you notify us in due course.

Name of employee applying for maternity/paternity/adoption leave

|  |  |  |  |
| --- | --- | --- | --- |
| Forename: |  | Surname: |  |
| Please state your current work location and department: |
|  |
| Date joined organisation: |  |
| Address: |  |
| Contact email address: |  | Telephone number: |  |

|  |
| --- |
| Declarations |
| Expected week of confinement will start on  |  |
| Intended start of maternity/paternity/adoption leave (\*this date cannot be earlier than the beginning of the 11th week before the EWC): |  |
| 3. Intended return to work from maternity/paternity/adoption leave: |  |

|  |
| --- |
| Maternity leave |
| I declare that I am pregnant and that [name of employer] may request a medical certificate (eg MATB1 form) from me as evidence of pregnancy. |  |

|  |
| --- |
| Paternity leave |
| I declare that I am the father of the child or the husband or partner of the mother (including same sex partner) and have or expect to have responsibility for the upbringing of the child. |  |

|  |
| --- |
| Adoption leave |
| I declare that I have been matched with a child for adoption wish to take statutory adoption leave for that purpose. |  |

|  |
| --- |
|  [Only to be completed if the child is being adopted from overseas:] |
| (a) Please state the date on which you received official notification of being matched with a child for adoption by the relevant adoption agency. |  |
| (b) Please state the date on which the child is expected to enter Great Britain (this must be given no more than 28 days after the date on which you received the official notification of adoption or the date on which you competed 26 weeks’ continuous employment with [name of employer], whichever is the latter)]. |  |

I acknowledge that [name of employer] may ask me to supply information from the adoption agency that confirms:

 (a) the name and address of the adoption agency,

(b) the date on which I was notified of being matched with a child for adoption, and

(c) the date on which the agency expects to place the child with me, and

that I must comply with this request in order to take statutory adoption leave.

|  |  |
| --- | --- |
| Signature |  |
| Date |  |  |

# APPENDIX X.19 Risk assessment form for new and expectant mothers

The Management of Health and Safety at Work Regulations 1999 requires employers to conduct a risk assessment and take any appropriate measures to ensure the health and safety of new and expectant mothers.

|  |  |
| --- | --- |
| Employee Name: |  |
| Assessor: |  |

|  |  |  |
| --- | --- | --- |
| Physical Hazards | If yes, give further details | Actions taken |
| Does the employee work in awkward spaces / workstation? |  |  |
| Does the employee have work with equipment that causes shocks, vibration or movement? |  |  |
| Is the employee working in a designated hearing protection area? |  |  |
| Does the employee work with ionising/non-ionising radiation? |  |  |
| Does the employee handle loads entailing risk? |  |  |

|  |  |  |
| --- | --- | --- |
| Biological / Chemical Hazards | If yes, give further details | Actions taken |
| Does the employee work in conditions that involve biological or chemical agents/compounds that are known to endanger the health of the employee or unborn child? |  |  |
| Does the employee handle drugs or chemicals? |  |  |

|  |  |  |
| --- | --- | --- |
| Working Conditions | If yes, give further details | Actions taken |
| Does the employee work in areas of extreme heat or cold? |  |  |
| Is the employee required to do excessive travelling / commuting? |  |  |
| Is the employee a ‘lone worker’? |  |  |
| Does the employee work nights? |  |  |
| Do you consider that there is a risk to the health and safety of the employee or her child? |  |  |

# APPENDIX X.20 Letter inviting a new or expectant mother to a meeting to discuss removing or reducing health and safety risks in her work environment

Dear [name]

The organisation is committed to ensuring the health and safety of all of its employees. I am keen to ensure that you and your baby are not exposed to any risk as a result of your work or your working environment. As such, I would like to invite you to attend a meeting to discuss whether there are any health and safety risks to you and your baby and, if so, to discuss their removal or reduction.

I have arranged for a meeting to take place:

On: [Date]

At: [Time]

At: [Place]

If this date or time does not suit you, I would be grateful if you contact me on [telephone number] in order that I can arrange a more convenient time.

In the meantime, please do not hesitate to contact me if you have any queries.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.21 Letter responding to an employee who has requested maternity leave

Dear [name]

Thank you for advising me that you are pregnant and of the date that your baby is due. Please accept my congratulations.

You are entitled to 52 weeks’ maternity leave (26 weeks' ordinary maternity leave plus 26 weeks' additional maternity leave). Given your chosen start date of [date], your maternity leave will end on [date].

EITHER

Your entitlement to 39 weeks’ statutory maternity pay (SMP) is as follows:

* 90 per cent of your normal pay\* for the first 6 weeks ([amount] per week\*\*)
* the prevailing SMP rate for the remaining 33 weeks ([amount] per week)
* the remainder of your maternity leave will be unpaid.

\*The calculation is based on your average pay during the 8 weeks prior to your qualifying week (15th week before the expected week of childbirth).

\*\*This will be affected by any pay increases coming into effect after the qualifying week.

Please note that should you decide to return to work from maternity leave before the expiry of your full 39-week SMP entitlement, payments of SMP will stop. You are, however, entitled to work for up to 10 days during your period of maternity leave without losing your right to SMP. These days are called ’keeping in touch days‘. Such work will be paid at your normal rate of pay, however, payments of SMP will be taken into account.

OR

* You are not entitled to statutory maternity pay, and the attached form SMP1 explains why. You should take this form to your Job Centre Plus to claim maternity allowance (MA).]

Should you wish to return to work before the end of your full period of maternity leave, you must give at least eight weeks’ notice in writing of the new date of your return. If you decide not to return to work you are required to give written notice as detailed in your contract of employment. Your decision will not affect your entitlement to [SMP/MA].

Please note that neither you nor the organisation is obliged to agree to keeping in touch days and you are prohibited from working during the period of compulsory maternity leave (first two/four weeks following the birth of your child.)

If applicable, your partner may be entitled to additional paternity leave (APL) and additional statutory paternity pay (ASPP). He or she should contact his or her employer to discuss this potential benefit.

You are entitled to continue to accrue holidays during your full period of maternity leave as detailed in your contract of employment. Where you do not take all of your holiday entitlement before your period of maternity leave, you will be entitled to take your accrued holiday entitlement for the holiday year [holiday year] upon your return to work.

I trust the above information is of help to you; however, should you have any questions about your maternity leave or your maternity pay, please do not hesitate to contact me.

In the meantime, please accept my best wishes.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.22 Letter to an employee absent for a pregnancy-related reason close to fourth week before her EWC

Dear [name]

Absence due to a pregnancy related reason

I understand that you are currently absent from work due to a pregnancy-related reason. I am writing to advise you that should your absence continue into the four weeks before the expected week of childbirth, it will trigger the start of your maternity leave.

I would be grateful if you could contact me at your earliest convenience to provide an update.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.23 Letter to an employee whose maternity leave has been triggered by pregnancy-related absence

Dear [name]

I understand that you are absent from work due to a pregnancy related illness. As your absence falls during the four weeks before the expected week of childbirth, your maternity leave and statutory maternity pay have been triggered.

I would like to confirm the details of your maternity leave and pay, which are as follows:

Your maternity leave and pay commenced on [date].

You are entitled to 52 weeks’ maternity leave (26 weeks' ordinary maternity leave plus 26 weeks' additional maternity leave). Your leave will end on [date].

**[OPTION 1]**

Your entitlement to 39 weeks’ statutory maternity pay (SMP) is as follows:

* 90% of your normal pay\* for the first 6 weeks [£xxx.xx per week\*\*]
* Prevailing SMP rate for the remaining 33 weeks [£xxx.xx per week]
* The remainder of your maternity leave will be unpaid.

\*The calculation is based on your average pay during the 8 weeks prior to your qualifying week (15th week before the expected week of childbirth).

\*\*This will be affected by any pay increases coming into effect after the qualifying week.

**[OPTION 2]**

You are not entitled to statutory maternity pay and the attached form, SMP1, explains why. You should take this form to your Job Centre Plus to claim maternity allowance.

**[OPTION 3]**

The details of your maternity pay entitlement, including your entitlement to company maternity pay, are as follows: [details]

Should you wish to return to work before the end of your full period of maternity leave, you must give at least eight weeks’ notice in writing of the new date of your return. Should you decide to return to work from maternity leave before the expiry of your full 39 week SMP entitlement, payments of SMP will stop.

You are, however, entitled to work for up to 10 days during your period of maternity leave without losing your right to SMP. These days are called Keeping in Touch days. Such work will be paid at your normal rate of pay, however, these payments will be offset against SMP.

Neither you nor the organisation is obliged to agree to Keeping in Touch days. You are prohibited from working during the period of compulsory maternity leave (first [two/four] weeks following the birth of your child).

If you have any questions about your maternity leave or your maternity pay, please do not hesitate to contact me.

In the meantime, please accept my best wishes for the birth of your child and your remaining maternity leave.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.24 Letter to an employee whose maternity leave has been triggered by the early birth of her child

Dear [name]

Congratulations on the birth of your baby on [date]. I hope you are both well.

Your maternity leave and pay have been triggered by the early birth of your baby and the details are as follows:

Your maternity leave and pay commenced on [date].

You are entitled to 52 weeks’ maternity leave (26 weeks' ordinary maternity leave plus 26 weeks' additional maternity leave). Your leave will end on [insert date].

**[OPTION 1]**

Your entitlement to 39 weeks’ statutory maternity pay (SMP) is as follows:

* 90% of your normal pay\* for the first 6 weeks [£xxx.xx per week\*\*]
* Prevailing SMP rate for the remaining 33 weeks [£xxx.xx per week]
* The remainder of your maternity leave will be unpaid.

\*The calculation is based on your average pay during the 8 weeks prior to your qualifying week (15th week before the expected week of childbirth).

\*\*This will be affected by any pay increases coming into effect after the qualifying week

**[OPTION 2]**

You are not entitled to statutory maternity pay and the attached form, SMP1, explains why. You should take this form to your Job Centre Plus to claim maternity allowance.

**[OPTION 3]**

The details of your maternity pay entitlement, including your entitlement to company maternity pay, are as follows: [details]

Should you wish to return to work before the end of your full period of maternity leave, you must give at least eight weeks’ notice in writing of the new date of your return. Should you decide to return to work from maternity leave before the expiry of your full 39 week SMP entitlement, payments of SMP will stop.

You are, however, entitled to work for up to 10 days during your period of maternity leave without losing your right to SMP. These days are called Keeping in Touch days. Such work will be paid at your normal rate of pay however these payments will be offset against SMP.

Neither you nor the organisation is obliged to agree to Keeping in Touch days. You are prohibited from working during the period of compulsory maternity leave (first [two/four] weeks following the birth of your child).

If you have any questions about your maternity leave or your maternity pay, please do not hesitate to contact me.

In the meantime, please accept my best wishes for the birth of your child and your remaining maternity leave.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.25 Letter responding to a request for part-time hours on return to work

Dear [name]

Thank you for your letter of [date] in which you request to return to work following your maternity leave on a part-time basis.

Your letter constitutes a flexible working request and I am writing to confirm that you are invited to attend a meeting to discuss this.

The meeting will take place:

On: [date of meeting]

At: [time of meeting]

At: [place of meeting].

The meeting will be attended by [name and job title] and [name and job title] will also be present to take minutes.

You are entitled to be accompanied by a work colleague.

Please contact me if you have any queries.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.26 Employee letter to provide notification that she wishes to return to work early from maternity leave

Dear [name]

Please accept this letter as confirmation that I wish to return to work early from maternity leave.

I hereby give eight weeks’ notice of my intention to return to work to my position as [insert job title]. My return to work date will therefore be [date].

Yours sincerely

[Name]

[Job title]

# APPENDIX X.27 Employee letter to provide notification that she does not intend to return to work after maternity leave

Dear [name]

Please accept this letter as confirmation that I do not intend to return to work following my period of maternity leave.

As per my contract of employment, I hereby give [number] [weeks’/months’] notice of my resignation from my position as [job title].

Yours sincerely

[Name]

[Job title]

# APPENDIX X.28 Letter accepting paternity leave request

Dear [name of employee]

Thank you for your application for paternity leave which I received on [date].

I am pleased to confirm that your application has been accepted. The leave will commence on [date OR a date to be agreed, which will be within 56 days of the expected week of childbirth or within 56 days of the child’s actual birth – whichever is later.]

Your paternity leave will be paid at the rate of statutory paternity pay, as set down by the government.

During your leave your continuity of service will continue to accrue. All terms and conditions of your employment (apart from those relating to remuneration) will continue.

Many congratulations on the imminent birth.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.29 Letter requesting an employee to provide evidence of eligibility for adoption leave and pay (adoption within the UK)

Dear [name]

Thank you for advising us of your adoption of a child and your intention to take adoption leave.

On behalf of the organisation, I would like to take this opportunity to congratulate you.

To enable us to confirm your eligibility for adoption leave and pay, I would ask that you provide us with a ‘Matching Certificate’ or documents issued by the adoption agency which confirm the following details:

* your name and address
* the name and address of the adoption agency
* the date on which you were notified of being matched with the child
* the expected placement date, or the actual placement date if the child has already been placed for adoption.

If you have any further questions about any aspect of your adoption entitlement, please do not hesitate to contact me.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.30 Letter of confirmation from employer to employee who has notified their intention to take adoption leave

Dear [name]

Acknowledgement of right to statutory adoption leave and pay

Thank you for notifying us of your intention to take statutory adoption leave and your wish to commence your adoption leave on [date]. I am writing to confirm the arrangements for you to take your adoption leave and receive your statutory adoption pay.

I am pleased to confirm that your adoption leave will start on [date] and will finish on [date].

Should you wish to change the date on which your adoption leave starts you must notify [name and contact details] no later than 28 days before your proposed new commencement date, or 28 days before [date] which is the original commencement date of your adoption leave, whichever is sooner. If it is not reasonably practicable for you to notify [name] within this timescale you must do so as soon as is reasonably practicable. For further details or for the opportunity to discuss this please contact [name].

If you are adopting a child from overseas and you wish to vary the start date of your adoption leave to begin on the date the child enters Great Britain you must give notice of this to [name and contact details] 28 days before the date specified in your earlier notice as the expected placement date.

I am also pleased to confirm that you are eligible to receive 39 weeks’ statutory adoption pay (SAP). Your adoption pay will be calculated as follows:

You will receive either £ [amount] per week, or 90% of your normal weekly earnings between [first date of adoption leave] and [date of end of adoption leave], whichever is the lower amount. Thereafter your SAP will cease.

If you are adopting a child from abroad you will need to complete self-certificate form SC6 (*Statutory adoption pay and adoption leave when adopting from abroad*). The HR department can provide a copy of this form for you.

You are due to return to work on [date]. This is the first normal working day after the day on which your adoption leave ends. Should you wish to alter this date by returning to work early you must notify [name and contact details] no later than 8 weeks before the date on which you wish to return to work.

Please note that should you not provide this period of notice, [name of employer] will have the right to postpone your return to work date by an amount equivalent to the unexpired period of the eight weeks’ notice period, or until the date on which your adoption leave would normally end, [end of adoption leave date], whichever date is earlier.

Should you decide not to return to work at the end of your adoption leave I would like to remind you that you must provide us with the normal notice period as shown in your contract of employment. This will not affect your eligibility to receive SAP.

In conclusion, I would like to send you our congratulations and best wishes for your adoption. Please do not hesitate to contact me should you require any further information or have any queries about anything included in this letter. The HR department will be in further contact with you about arrangements for your adoption leave and SAP.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.31 Employee form to request parental leave

|  |  |
| --- | --- |
| Name of employee: |  |
| Employee number: |  |
| Department: |  |
| Start date: |  |
| Child’s full name: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Expected week of birth: |  | Actual date of birth: |  |
| Start date of leave: |  | End date of leave: |  |
| Parental leave taken to date (weeks/days\*): |  |
| Parental leave remaining after this request (weeks/days\*): |  |

|  |
| --- |
| I am giving three weeks’ notice of my intention to take unpaid parental leave as detailed above. The purpose of the parental leave is to care for my child.I understand that requests for parental leave are subject to business requirements. The Organisation has the right to postpone my request for up to six months. However, where the above request falls during the expected week of birth/placement for adoption or immediately following the birth or adoption, my requested leave will not be postponed.I accept that the Organisation is entitled to contact my former employers to confirm details of parental leave that I have previously taken in relation to this child.I have attached / previously provided\* a copy of my child’s birth certificate / adoption papers / disability living allowance\*. (\*Delete where appropriate) *Please note* that entitlement to request parental leave in units of days only applies to children in receipt of disability living allowance. |

|  |
| --- |
| Please provide any further information: |
|  |

|  |  |
| --- | --- |
| Signed: |  |
| Date: |  |

|  |
| --- |
| For office use only |
| Date request received: |  | Initials: |
| Request accepted/postponed: |  |
| Date reply sent: |  | Initials: |

# APPENDIX X.32 Letter to an employee explaining the right to take parental leave

Dear [name]

**Parental Leave**

I refer to your letter dated [date] advising me that [your/your partner's baby/child] [is due/was born/was placed for adoption] on the [date].

I am pleased to inform you that you qualify for parental leave, as you have completed a minimum of one years’ continuous service.

You are therefore entitled to take up to 13 weeks parental leave before [your child’s 5th birthday/the 5th anniversary of your child’s adoption or their 18th birthday, whichever is earlier].

Parental leave is unpaid and can be taken in blocks of complete weeks. A maximum of four weeks can be taken in any one year.

OPTIONAL

You have advised me that your child has been awarded disability living allowance, therefore your entitlement to parental leave is 18 weeks. Parental leave must be taken before your child’s 18th birthday. If your child is disabled you are entitled to request leave as individual days or complete weeks.

The Organisation has the right to postpone your parental leave for up to 6 months where it would be adversely affected by your absence. However, the Organisation will not postpone a request that falls during the expected week of [birth/placement for adoption] or immediately following the [birth/adoption] of your child.

The Organisation also reserves the right to contact your former employer(s) to confirm details of any parental leave that you have previously taken in relation to this child.

You are required to provide the Organisation with a copy of your child’s [birth certificate/adoption papers] [and evidence of receiving disability living allowance].

If you would like to take parental leave, you must submit your written request on the appropriate form. You must give the Organisation a minimum of three weeks’ notice before the parental leave is due to commence.

If you require any further information or have any queries regarding the above, please contact me.

Yours sincerely

[Name]

[Job title]

# APPENDIX X.33 Flexible working application form

Note to the employee

You can use this form to make an application to work flexibly under the right provided in law to help eligible employees care for their children or for an adult. Before completing this form, you should first read the guidance on the right to request flexible working on the BIS website, and check that you are eligible to make a request.

You should note that under the right it may take up to 14 weeks to consider a request before it can be implemented and possibly longer where difficulties arise. You should therefore ensure that you submit your application to the appropriate person well in advance of the date you wish the request to take effect.

It will help your employer to consider your request if you provide as much information as you can about your desired working pattern. It is important that you complete all the questions as otherwise your application may not be valid. When completing sections 3 & 4, think about what effect your change in working pattern will have both on the work that you do and on your colleagues. Once you have completed the form, you should immediately forward it to your employer (you might want to keep a copy for your own records). Your employer will then have 28 days after the day your application is received in which to arrange a meeting with you to discuss your request. If the request is granted, this will normally be a permanent change to your terms and conditions unless otherwise agreed.

Note to the employer

This is a formal application made under the legal right to apply for flexible working and the duty on employers to consider applications seriously. You have 28 days after the day you received this application in which to either agree to the request or arrange a meeting with your employee to discuss their request.

You should confirm receipt of this application using the attached confirmation slip.

Forms accompanying the guidance have been provided for you to respond to this application.

|  |
| --- |
| Personal Details |
| Name: |  |
| Employee or payroll number: |  |
| Manager: |  |
| National Insurance No: |  |

To the employer

I would like to apply to work a flexible working pattern that is different to my current working pattern under my right provided under section 80F of the Employment Rights Act 1996. I confirm I meet each of the eligibility criteria as follows:

Either

|  |  |
| --- | --- |
| • | I have responsibility for the upbringing of either:[ ] a child aged 16 and under; or[ ] a disabled child under 18. |
| • | I am: |
| • | The mother, father, adopter, guardian, special guardian or foster parent of the child; or |
| • | Married to, or the partner or civil partner of, the child’s mother, father, adopter, guardian, special guardian or foster parent. |
| • | I am making this request to help me care for the child. |

Or

|  |  |
| --- | --- |
| • | I am, or expect to be, caring for an adult. |
| • | I am: |
|  | • | The spouse, partner, civil partner or relative of the adult in need of care; or |
| • | Not the spouse, partner, civil partner or relative of that adult, but live at the same address. |
| • | I am making this request to help me care for the adult in need of care. |

• I have worked continuously as an employee of the organisation for the last 26 weeks.

• I have not made a request to work flexibly under this right during the past 12 months.

Date of any previous request to work flexibly under this right:

If you are not sure whether you meet any of the criteria, information can be found in the Eligibility section of the Guidance.

If you are unable to tick all of the relevant boxes then you do not qualify to make a request to work flexibly under the statutory procedure. This does not mean that your request may not be considered, but you will have to explore this separately with your employer. Many employers offer flexible working to their employees as best practice.

Describe your current working pattern (days/hours/times worked):

Describe the working pattern you would like to work in future (days/hours/times worked):

I would like this working pattern to commence from:

Impact of the new working pattern

I think this change in my working pattern will affect my employer and colleagues as follows:

Accommodating the new working pattern

I think the effect on my employer and colleagues can be dealt with as follows:

|  |  |
| --- | --- |
| Name:  |  |
| Date: |  |  |

Now pass this application to your employer

✂

* - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -

Cut this slip off and return it to your employee in order to confirm your receipt of their application

Employer’s Confirmation of Receipt (to be completed and returned to employee)

Dear:

I confirm that I received your request to change your work pattern on:

Date:

I shall be arranging a meeting to discuss your application within 28 days following this date. In the meantime, you might want to consider whether you would like a colleague to accompany you to the meeting.

From:

# APPENDIX X.34 Acknowledgement of request to work flexibly letter

Dear [name]

Further to your request for a temporary change to your working pattern, I am happy to confirm this arrangement with effect from [date] to [date]

Your hours will remain at [hours] per week but your working pattern will change to:-

[details]

You will revert back to your previous working pattern on [date]

I would be grateful if you could confirm acceptance of this working pattern in writing, by signing and returning a copy of this letter. This letter will be held on your personnel file and will be taken as a temporary update to your contract of employment. Your statutory rights will remain the same.

Yours sincerely

[Name]

[Job title]

I have read and understood the terms of this letter.

Signed : …………………………………………………

Date : ……………………………………………………

# APPENDIX X.35 Homeworking questionnaire

This questionnaire is to be completed by those employees applying to work from home. Please be as honest as you can when answering the questions. All questions should be answered and the form returned to [insert name or position, e.g. line manager]. Please raise any queries with [insert name of position, e.g. line manager].

Agreement to your working from home is subject to satisfactory completion of the questionnaire. Your home-working arrangements must comply with current health and safety requirements.

Please note that following completion of the questionnaire the results will be discussed with [insert name of position, e.g. line manager] and a representative of [insert name of employer] may visit your home to ensure these requirements are being met.

The home-working agreement may be withdrawn should any of the information provided by you not conform to health and safety requirements.

Please note: relevant insurance policies covering you working from home will be inspected.

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you have adequate insurance cover for home working? |  |  |
| If not, do you agree to obtain the requisite insurance cover at your own expense? |  |  |
| Is any home-working arrangement subject to the agreement of other members of your household/landlord? |  |  |
| If you answered ‘yes’ to question 3, has agreement been given by all of those members of your household/landlord to your working from home? |  |  |
| Is there a room/space set aside for you to work in? |  |  |
| Does this space provide sufficient capacity for filing or storage of documents as necessary? |  |  |
| Would any other person be present in your working space/room while home-working? |  |  |
| Do other members of your family/household use this working space/room? |  |  |
| Is there adequate ventilation in the proposed working space/room? |  |  |
| Do you have a smoke detector installed in or near the proposed working space/room? |  |  |
| If not, do you agree to have one installed at your own expense? |  |  |
| Is there an escape route from the proposed working space/room to the outside which you could use in the event of an emergency, e.g. a fire? |  |  |
| Is there adequate space for all of the following to be situated in the proposed working space/room:1. desktop computer placed on a desk?
2. computer printer?
3. computer user’s chair?
 |  |  |
| Assuming all of the items in question can be situated in the working space/room:(a) would the desktop computer be situated safely on the desk?(b) would the computer printer be situated safely nearby?(c) would all computer trailing cables be safely concealed from sitting and walking areas? |  |  |
| If you answered ‘no’ to question 14 (c), could cable protectors significantly reduce any health and safety risks, e.g. tripping by users of the room/space? |  |  |
| Is there a telephone land-line point in the proposed working space/room for both simultaneous internet and telephone connection? |  |  |
| If not, do you agree to one being installed at your expense? |  |  |
| Is there adequate lighting in the proposed working space/room to carry out your computer work and reading? |  |  |
| Is lighting glare in the proposed working space/room likely to hinder your computer work/reading?  |  |  |
| If you answered ‘no’ to either question 18 or 19 do you agree to:(a) replace light bulbs to ensure there is adequate light/glare reduction?(b) have electrical work carried out to ensure there is adequate light/minimum glare? |  |  |
| Do you possess a certificate of supply/installation covering the proposed working space/room issued by a qualified electrician? |  |  |
| If not, do you agree to obtain one at your own expense? |  |  |
| Do you have an electrical supply that is adequate for feeding a computer/printer and other necessary equipment in your proposed working space/room? |  |  |
| Are there an adequate number of electrical sockets for the computer and other equipment in the proposed working space/room? |  |  |
| Do you have an effective circuit breaker (eg residual current device) for use in the proposed working space/room? |  |  |
| If not do you agree to have one (or more as necessary) fitted at your own expense? |  |  |

This questionnaire has been completed truthfully to the best of my knowledge.

Signed……………………………………. Date………………….

(Home-working applicant)

Received by: (name in block capitals)………………………………………………..

Signature……………………………………………………………………………….

Date………………………………………………..

# APPENDIX X.36 Personal data subject access request form

Explanatory notes:

1. This form is to be used when you wish to make a request under the Data Protection Act 1998 to receive a copy of personal data (about which you are the subject) which [name of employer] is processing.

2. “Processing” means holding, storing, transferring and currently using information which specifically identifies you as the data subject.

3. If the personal data concerned is processed using an electronic system (e.g. an email system or held on a computer database) we will provide you with an email copy of the data requested.

4. Supplying personal data is subject to our data protection policy, which is available [insert details on how the policy should be accessed].

5. Once you have completed this form please send it to [insert name and address of relevant member of staff, e.g. data protection compliance officer]. This form may only be submitted in hard copy format.

6. [name of employer] reserves the right under the Data Protection Act 1998 to take up to 40 days to comply with your request, subject to you satisfying us as to your identity and right to obtain the personal data requested.

7. We reserve completely the right to redact from the document(s) or file(s) the identity and other personal data relating to any other person.

8. Compliance with this request is subject to you satisfactorily completing all parts of this form including complying with the declaration requirements shown at the foot of this form.

The form

1. Name

Forename:

Surname:

Please also state any other names which you have used whilst employed by [name of employer], e.g. before you were married, entered into a civil partnership, underwent gender reassignment surgery, changed your name by deed poll, or any other reason.

2. Please highlight your current employment status with [name of employer]:

1. Employee
2. Worker, but not an employee (e.g. casual worker or freelance contractor)
3. Former worker
4. Former employee
5. Job applicant/candidate

3. Please state your current or former work location/department/unit:

4. Please provide the following dates:

4.1 Current and former employees/workers:

1. Commencement of work
2. Termination of your contract

4.2 Job applicants/candidates:

1. Job application
2. Job interview

5. Please provide a succinct description of the personal data of which you wish to have a copy. To enable us to process your request quickly and accurately, please specify the following.

1. The particular documents or files you have requested.
2. The identity of those who you believe hold the personal data you have requested.
3. The names of relevant departments or parts of the organisation which you believe hold the personal data you have requested.
4. Other information which may assist us in identifying the personal data you have requested.

6. Please provide the address (or email account) to which you wish the personal data to be sent.

7. Please provide a contact telephone number.

8. Please supply two of the following (in any combination) as proof of your identity:

1. driving licence
2. passport
3. A recent utility bill showing your name and address, as shown above
4. A recent credit or debit card statement showing your name and address, as above.

[These may be delivered personally or sent by mail to the contact name and address shown at the head of this form. If you wish to have these documents returned by mail please supply a self-addressed envelope. Registered or special delivery mail can be used if the cost of additional postage is supplied in advance, otherwise standard first class mail will be used.]

9. Declaration

* By completing this form I accept that I am making a request under the Data Protection Act 1998 to receive a copy of specific personal data about which I am the data subject, or am identified in data which includes more than one person and which [insert name of employer] is processing. I confirm that in signing this declaration I am making a truthful statement as to my right under the Act to have access to that personal data. I agree that before processing my request you may contact me to obtain further information to satisfy you as to my identity, and/or my right to receive the personal data requested, or to assist you in complying with my request.

[This clause may be deleted: Please find enclosed a cheque for the sum of £10.00 made payable to [name of employer].

Signed…………………………………………….. Date…………………………..

# APPENDIX X.37 Rejection letter initial sift

Dear [name]

I refer to your recent application for [post applied for].

I regret to inform you that, on this occasion, you have not been shortlisted for an interview.

The organisation would like to retain your details on file for [time period] with a view to considering you for any suitable vacancy that may arise in that period. If I do not hear from you, I will assume that you have consented to our retaining your details.

Thank you very much for your interest in working for [Organisation].

Yours sincerely

[name]

[job title]

# APPENDIX X.38 Rejection letter following an interview

Dear [name]

Re: Application for [job title]

Thank you for [attending the interview / attending the assessment centre / other] for the above post.

Unfortunately, I have to inform you that you have been unsuccessful on this occasion. After giving careful consideration to all the selection criteria, it was felt that your skills, knowledge and experience were not as strong as the other candidate/s who have [progressed through to the next stage / been offered the position].

I would like to thank you for your interest in this post and wish you every success in your job search. Please feel free to apply for any suitable future vacancies.

If you would like more detailed feedback on any aspect of your application then please contact me on the telephone number below.

Yours sincerely

[name]

[Title]

Direct Telephone No:

APPENDIX X.39 Example Exit Interview Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Leave Date** |  |
| **Date of Interview** |  | **Line Manager** |  |
| **Reason for Leaving** | Resignation / Redundancy / Retirement / Other |

In order to improve the way the organisation manages its employees & their roles we would welcome any comments or constructive feedback:-

|  |
| --- |
| What are your main reasons for leaving? |
|  |

|  |
| --- |
| Would an increase in your pay and benefits have influenced your decision to leave? |
|  |

|  |
| --- |
| What aspects of your job have been done well and why? |
|  |

|  |
| --- |
| What aspects of your job have been difficult and why were they difficult? |
|  |

|  |
| --- |
| Were there any policies or procedures that made your work more frustrating? |
|  |

|  |
| --- |
| Would you consider returning to the organisation in the future? |
|  |

|  |
| --- |
| Would you recommend the organisation to a friend as a good place to work? |
|  |

|  |
| --- |
| What are your views about management & leadership, in general at THE organisation? |
|  |

|  |
| --- |
| What is your experience of employee morale & motivation at the organisation? |
|  |

|  |
| --- |
| Was your performance development planned & explained clearly & were you supported on a day to day basis with adequate feedback? |
|  |

|  |
| --- |
| What key skills & qualities should we look for in your replacement? |
|  |

|  |
| --- |
| Can you offer any comments that will enable us to understand why you are leaving, how we can improve & what we can do to become a better company? |
|  |

|  |
| --- |
| What are your main reasons for leaving? |
|  |