**Staff Absence Keeping In Touch Record**

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| **Employee Name:** |  |
| **Date of contact:** |  |
| **Time of contact:** |  |
| **Reason for call:** |  |
| **Named contact:** |  |

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| **Background:** |  |
| **Reason for absence:** |  |
| **Check on current fit notes covered:** |  |
| **Record of conversation:*****Possible points to discuss with employee:**** Medical update
* Offer Wellbeing contact details
* Support needed
* Fit note expiry date if applicable
* Medication is it helping
* Phased return if appropriate
* Reasonable adjustments to assist return to work
* OH referral
* OH report has been received
* Next steps
* Next KIT date
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| **Actions from conversation:** |  |