**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 |  |
| **Actions from conversation:** |  |