**Form for Assessing Temporary Adjustments for Ill-health**

This form is in two parts. Part 1 is a form for you to record the conversation with the employee about what work activities they are able to do despite their illness or injury and about possible temporary adjustments. Part 2 is a guide to considering the impact of a possible adjustment, to help you decide whether you would reasonably be able to accommodate it. Remember, this form may be used in evidence in tribunal claims.

**Part 1: What activities is the employee able to do despite their illness or injury? What possible temporary adjustments are there?**

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| --- | --- | --- |
| **Name of employee**: | **Department:** | **Job held:** |
| **Manager completing the form:** | **Date:** |  |
| **Briefly describe the tasks the employee performs,**  **their working pattern and the environment they work in** |  | |
| **Record here any comments from the employee’s GP on the medical certificate that are relevant to possible temporary adjustments. (Do not include information about the employee’s medical condition; focus on relevant functional impact).** |  | |
| **Consider the examples of temporary adjustments overleaf with the employee and, where appropriate, the employee’s representative.** They are only examples of temporary adjustments for you to consider, although not all of them will be relevant in every case. Do not discount any other ideas simply because they are not on the list. | | |

|  |  |
| --- | --- |
| **Possible adjustment** | **Notes** |
| Coming to the office for a social visit  *Helps maintain confidence and morale if too sick to work* |  |
| Modifying the pace of work and time allocated for tasks  *Helps with stamina* |  |
| Reallocating duties  *Helps with physical impairments and low mood, stamina, concentration, etc.* |  |
| Transfer to another workplace, including working from home  *Helps with e.g. respiratory problems or allergies, stress* |  |
| Alter working hours, for example reducing hours, altering breaks, start and finish times, changing night working/shift rota, part-time working  *Helps with low mood, stamina, concentration, mobility problems, etc.* |  |
| Time off for appointments |  |
| Modifications relating to mobility or transport: such as changing shift times to avoid the rush hour, help with transport, working from home |  |
| Modifications to tools or equipment, work space, premises, provision of an auxiliary aid |  |
| Modifications to procedures, reference manuals, ways of communicating  *Helps with physical, mental and sensory impairments* |  |
| Extra training or supervision, re-training, mentoring for the employee or a colleague/manager |  |
| Modify procedures for assessment or testing |  |
| Transfer to a vacancy |  |
| Anything else? A reader or interpreter? |  |

**Part 2:** **Impact assessment for temporary adjustments to working arrangements**

Complete this impact assessment form for every consideration of temporary adjustments. It will help you carry out an assessment of the potential impact of the proposed pattern of work on the business, on colleagues and, where relevant, on customers or suppliers, as well as taking into account the potential benefits of the proposed adjustment, both for the business and for the employee’s wellbeing. You will then be able to make an objective decision about whether you are reasonably able to accommodate the employee’s request.

In addition, we strongly encourage you to talk through potential issues with other managers, who may have thoughts about what might work and what could cause problems. (But bear in mind your obligations of confidentiality and trust and confidence towards employees and that you may be handling special category personal data for purposes of data protection compliance requirements.) Remember to ask HR for their input at any stage, whether generally or on a specific issue.

Outline the adjustments being considered.

Do you know of any forthcoming/imminent organisational changes that might affect how the proposed arrangements would work (for example, new customer account, increased orders)?

Is anyone else working on altered arrangements in the team and/or the department? What impact does this have?

|  |  |
| --- | --- |
| **Employee’s current role** | |
| Does the employee require supervision? | YES/NO |
| Is the employee a manager or a supervisor? | YES/NO |
| Does the employee work in a team? | YES/NO |
| Does the employee deal with different sections/departments/teams? | YES/NO |
| Does the employee’s job have to be done at a particular time? | YES/NO |
| Does the employee:   * work alone * work at height * do shift work * work in a safety critical role? | YES/NO  YES/NO  YES/NO  YES/NO |

**Complete the relevant sections**

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed adjustment** | | | |
| **Category** | **Possible benefits** | **Possible adverse impact** | **Possible ways to reduce adverse impact** |
| Would the adjustment affect the ability of any other employees in the team to carry out their job duties normally? |  |  |  |
| What would be the financial implications of making the adjustment? How do these costs compare with payments the company is committed to paying the employee (sick pay) or temps/agency workers? |  |  |  |
| What would be the impact on the ability of the employee and team to meet deadlines and respond to changes in demand? |  |  |  |
| Would there need to be changes to other employees’ working arrangements? |  |  |  | |
| Would there be an impact on other teams and departments? |  |  |  | |
| How might external  relationships including customers be affected? |  |  |  | |
| If the employee works:   * alone, * at heights * on shifts, and/or * in a safety critical role   What would be the impact of the adjustment? Would it make the employee or other employees/other people more vulnerable? Are there any other health and safety implications? |  |  |  | |
| How effective would the adjustment be in overcoming the difficulties the employee is facing? |  |  |  | |
| How practical is it to make the adjustment? |  |  |  | |
| Are there any sources of financial assistance or other help available from outside the organisation (such as advice from the Access to Work scheme)? |  |  |  | |
| As well as helping the employee to overcome particular difficulties in the performance of their role, would the adjustment have any broader impact on the employee’s wellbeing in the workplace (or the wellbeing of others in the team)? |  |  |  | |
| What is the ability of the team to cover the work of the employee if they remain absent? |  |  |  | |
| Any other considerations? |  |  |  | |
| Does the employee have any preference as to what colleagues are told about potential adjustments? If so, please note their requests, any comments and suggested follow up action: | | | | |
| **Conclusion** | | | | |