

EMPLOYEE REFERRAL LETTER

MANAGERS NAME:	EMAIL ADDRESS:
POST TITLE:	
DEPARTMENT:	
ADDRESS:	
CONTACT TEL. NO:	
HR OFFICER / EMAIL ADDRESS:	

I write to seek your assistance in relation to the following employee. I would be grateful if you would undertake a health assessment.

EMPLOYEE DETAILS

(Please complete ALL details)

SURNAME:	FORENAME:
TITLE: Dr / Mr / Mrs / Miss / Ms / Other.....	DATE OF BIRTH:
HOME ADDRESS:	TEL NO:
	EMAIL ADDRESS:
NAME OF GP:	GP ADDRESS:
JOB TITLE:	DEPARTMENT:
LOCATION:	

Please list sickness absence over the past two years.

Dates	Reason

Length of time in post..... Hours of work.....

Reason for referral (including details of current health problems and sickness absence):
.....
.....
.....

.....
Date commenced current sickness absence and reason why:
.....
.....
.....

Date sick pay goes to half payexpiry of pay.....if appropriate

ADVICE REQUESTED:

I would be grateful if you would advise on:

1. Whether they are fit to carry out the full range of duties relating to their stated post?
2. If there are any limitations as to duties, including timescale, for the employee returning to his/her present job.
3. The range or type of work which the individual might be able to undertake, in light of his/her condition, should it be necessary to seek suitable alternative employment or to consider re-deployment.
4. The prognosis for the future of his/her condition, including your view as to when, or whether the employee is likely to be able to return to work.
5. Your view as to the possibility of a re-occurrence of his/her illness / condition in the event of him/her being able to return to work.
6. Does this condition affect their ability to undertake activities of daily living?
7. Is there any underlying medical reason as to why the employee should be having this amount of sickness absence?

DECLARATION BY MANAGER

*I have discussed the reason for and purpose of this referral with the employee and they have signed this letter in confirmation.

*I have discussed the reason for and purpose of this referral with the employee over the telephone and therefore they are unable to sign in confirmation.

Signed: Print Name:

Designation:..... Date:...../...../.....

DECLARATION BY EMPLOYEE

I confirm that the reason and purpose of my referral to the Occupational Health Department has been fully explained to me by my manager. I understand that following assessment a report will be sent to my manager a copy of which will be sent to Human Resources and myself.

Signed Name

Date/...../.....

