

**Performance and Attendance Management Referral Form****Employee details**

\*Employee Number: 14565

First name: Andrew

- Last name: Parker
- Position: Mathematical Modeller
- Telephone number: 07460256232
- Mobile: 07460256232
- Email: [Andrew.parker78@networkrail.co.uk](mailto:Andrew.parker78@networkrail.co.uk)

**Personal**

Gender identity: *Male*

Preferred pronoun: *him/his*

**Referring Manager details**

Name: Barry Trotter

Position: Senior Mathematical Modeller

Telephone number: 07546200123

Email: [barry.trotter@networkrail.co.uk](mailto:barry.trotter@networkrail.co.uk)

**Referral details****\*Reason for referral:**

- At work with health issues
  - *Frequent periods of absence. Andrew has a diagnosis of diabetes (diagnosed 2019). This is controlled with medication (Metformin) and diet. Andrew was also diagnosed with high blood pressure (1999) and takes medication to control this (Amlodipine). Andrew has a very high sickness rate. He has been absent 6 times from January 2023 to present. This totals 24 days absence.*
  - *Andrew has advised that he feels extremely tired most of the time. I have implemented adjustments and given him a varied day of tasks, so he remains alert and focused.*
  - *Andrew takes regular micro breaks which does help but hasn't resolved the issue.*

**Conditions relevant to the referral:** *(drop down list - ability to multi-select)*

- Multiple ailments

**\*Has the employee indicated that their health issue may be?**

- Not work related

**\*Have temporary adjustments been considered/applied?**

- Yes

**Specific requirements of the job:**

- Other – *please provide details*
- *Desk based role*

**Information requested:**

The following will be covered in the assessment and report:

- Advice on the employee's current health status and prognosis of the condition,
- The likely return to work date or return to full duties,
- Advice on current functional ability [If work duties are affected, advice on whether this is likely to be short term, long term or permanent],
- Rehabilitation/return to work plan, advice on adjustments if appropriate, with clear timescale,
- Advice on disability in accordance with UK legislation.

**Add any supporting document/s relating to the referral (e.g., GP or Specialist report, risk assessment)**

**Absence record, job description**

**Preferred centre location: Doncaster**

**Adjustments at appointment:**

- Other – *No adjustments*

Any supporting notes for appointment:

**Declaration:**

I confirm that I have discussed the reason for this referral with the employee and they are aware of the information being requested and the provision of supporting documents.

I have explained to the employee that as a result of this referral, a report will be provided to me and the HR/secondary contact (if named), and the employee has provided their consent for this.