

Name

Current job title

ALTERNATIVE EMPLOYMENT MANAGER AUTHORISATION FORM

Section one: Employee details

For Managers to complete. This form authorises placement of the employee on the AEP N.B. One form to be completed and submitted for each employee.

e number			
date n)			
two: Reason for placement on the AEP			
Placement on the AEP can only be for one of the five reasons shown below and there is no option for additional reasons to be given. Please select one reason only from the list below.			
Employee has become pregnant and cannot continue in her current role; or whose post is declared redundant during maternity leave			
Employee who, through ill health or disability, is unable to continue in his / her current post or for whom another post could be more suitable (<i>please now complete section 3</i>)			
	date n) two: Reason for placement on the AEP nt on the AEP can only be for one of the five reasons show on for additional reasons to be given. elect one reason only from the list below. Employee has become pregnant and cannot continue in her current role; or whose post is declared redundant during maternity leave Employee who, through ill health or disability, is unable to continue in his / her current post or for whom another post		

3	Employee identified as at risk of redundancy through reorganisation or restructuring; OR is at the end of a fixed term contract with at least one year's continuous service by the date employment is due to terminate	
4	Reasons connected with discipline, grievance or capability	
5	Apprenticeship coming to an end	

Section three: only complete if the reason is ill-health or disability		
If ill health please state whether it is medical or a disability		
Please state whether redeployment Is fully supported by Occupational Health by entering Yes or No.		
If supported by Occupational Health, what types of alternative employment / work / hours are they suggesting the employee may be able to do?		
Please state whether Occupational Health believe the employee has a disability which is covered by the Equality Act 2010. Answer Yes or No.		

Section four: Manager authorisation		
Manager name		
Signature		
PM Advisor name		

Date	
Telephone number	

Once fully completed please raise a ticket on the <u>Service Centre Portal</u> and upload this form.