**Menopause Policy Appendix 1a**

**Confidential Staff Discussion – Template**

**Please read Appendix 1 Managers’ Guidance before completing this form**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s Name |  | Job Title |  |
| School/Section |  | Location of Work |  |
|  |  |  |  |
| Line Managers Name and Position: |  |  |  |
| Date of discussion: |  |  |  |

Summary of Discussion:

|  |
| --- |
|  |

Agreed Actions/Adjustments:

|  |
| --- |
|  |

Date of next review meeting.........................................................................................

Signed (Member of staff)..............................................................................................

Signed (Manager) ........................................................................................................

November 2022