

INVESTIGATION INTO INCAPACITY DUE TO ILL HEALTH

NAME OF EMPLOYEE: _____

DATE OF INVESTIGATION: _____

The Chairperson is responsible for taking notes or appointing a secretary to perform this task.

- ❖ Write down the names of people present at the investigation.
- ❖ Ask whether the incapacitated employee has had sufficient time to prepare for this meeting (Y/N). If the answer is no, grant a postponement.
- ❖ Ask the employee whether he received a notice to attend this meeting, which informed him that he is entitled to representation.
- ❖ Ask management to state why they have deemed it necessary to convene this investigation. (take notes)
- ❖ Ask the employee to respond and explain and/or refute management's statement. (take notes)
- ❖ Ask both parties to present what in their view constitutes a possible resolution to the situation. (take notes)
- ❖ The chairperson should evaluate both parties' suggestions, and ask relevant questions which include the following:

In a case of either permanent or temporary disability;

- ❖ Ask the employee how long he / she will be absent from work (if applicable).
- ❖ Ask the employee to describe to you the extent of his / her injury. (take notes)
- ❖ Ask the employee whether the disability is likely to be of permanent or temporary duration. (This should be evaluated in the context of the nature of the job which the employee performs.) (take notes)

If temporary;

- ❖ Ask the management party whether a temporary replacement can be sought.

If the disability is of a more permanent nature;

- ❖ Ask the employee whether he/she is capable of performing his/her job (Y/N). If the answer is unclear, ask the employee to *what extent* he/she is capable of performing his job (take notes).
- ❖ Ask the parties to consider how the employee's working environment could be adapted to accommodate the disability (take notes).
- ❖ Ask both parties whether there are any duties / tasks which could be temporarily or permanently modified, in order to accommodate the disability (take notes).
- ❖ If you have not already established this, ask the employee what has caused the incapacity (as this may be relevant to the depth of onus on management in terms of taking rehabilitative steps etc.) (take notes).
- ❖ If it is clear from what the answers have been, that the employee cannot continue performing the same job, ask the parties whether there are any alternative jobs which the employee could perform.
- ❖ Only once all suitable alternatives have been examined, may you consider dismissal.

SIGNATURE OF CHAIRPERSON

DESIGNATION: _____

DATE: _____

I have been handed a copy of this document and was informed of its contents.

EMPLOYEE'S SIGNATURE

DATE: _____

(Please ensure that a completed copy of this form, its annexures and all documentary evidence is kept in a safe place. A duplicate copy of this bundle should be handed to the employee concerned)