

**Current Casework Disclosure**

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| Name of School |  |
| Current status: | Community |[ ]  Foundation |[ ]
|  | Aided |[ ]  Federated |[ ]
|  | Academy |[ ]   |

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| Sickness absence |
| Do you have any current sickness absence casework? | Yes |[ ]  No |[ ]
| If yes, please list all sickness absence cases of more than 20 days absence in the last 2 years: |
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| Capability |
| Do you have any current sickness absence casework? | Yes |[ ]  No |[ ]
| Please list all live cases/warnings and state the stage that has been reached: (Informal, verbal warning, final written warning, dismissal, ET) |
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| Disciplinary |
| Do you have any current disciplinary casework? | Yes |[ ]  No |[ ]
| Please list all live disciplinary cases and the stage reached: |
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| Restructure and Redundancies |
| Do you have any current restructure and redundancies casework? | Yes |[ ]  No |[ ]
| Please list all live restructures and redundancies and the stage reached: |
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| Grievance |
| Do you have any current grievance casework? | Yes |[ ]  No |[ ]
| Please list all live grievances and the stage reached: |
|  |
| Other Employee Related Matters |
| Do you have any current other employee related matters casework? | Yes |[ ]  No |[ ]
| Please list any other current employee related matters not covered above: (E.g. salary appeals, flexible working requests, etc.) |
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| ET Cases |
| Do you have any current ET casework? | Yes |[ ]  No |[ ]
| Please list any current ET cases, nature of complaint and stage reached:(E.g. unfair dismissal, discrimination) |
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| Maternity |
| Do you have any employees currently on maternity leave? | Yes |[ ]  No |[ ]
| Please list all employees currently on maternity leave: |
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| Overpayments |
| Do you have any current overpayment issues? | Yes |[ ]  No |[ ]
| Please list any outstanding overpayment issues: |
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| Childcare Vouchers |
| Do you have any employees currently receiving childcare vouchers? | Yes |[ ]  No |[ ]
| Please list employees currently receiving childcare vouchers and confirm that provider is independent from the Local Authority: |
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