

Investigation into Incapacity due to Ill Health

Employee Name: Employee No:

Contract Site: Date of Investigation:

1.	The chairperson is responsible for taking notes or appointing a secretary to perform this task.	
2.	Write down the names of people present at the investigation.	
3.	Ask whether the incapacitated employee has had sufficient time to prepare for this meeting. If the answer is no, grant a postponement.	
4.	Ask the employee whether he/she received a notice to attend this meeting and whether the notice informed the employee that he/she is entitled to representation.	
5.	Ask management to state why they thought it necessary to convene this investigation.	
6.	Ask the employee to explain and/or refute management's statement.	
7.	Ask both parties to present what in their view constitutes a possible resolution to the situation.	
8.	The chairperson must evaluate both parties' suggestions, and ask relevant questions including the following:	
8.1	In the case of either permanent or temporary disability:	
8.1.1	Ask the employee how long he/she will be absent from work.	
8.1.2	Ask the employee to describe to you the extent of his/ her injury.	
8.1.3	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.	
8.2	If the disability is temporary:	
8.2.1	Ask management whether a temporary replacement can be sought.	
8.3	If the disability is of a more permanent nature:	
8.3.1	Ask the employee whether he/she is capable of performing his/her job.	
8.3.2	If the answer is unclear, ask the employee to what extent he/she is capable of performing his/her job.	
8.3.3	Ask the parties to consider how the employee's working environment can be adapted to accommodate the disability.	
8.3.4	Ask both parties whether there are any duties/tasks which can be temporarily or permanently modified, in order to accommodate the disability.	
8.3.5	If you have not already established this, ask the employee what has caused the incapacity. This may be relevant to the extent of management's responsibility in terms of rehabilitation.	
9.	If it is clear from the answers that the employee cannot continue performing the same job, ask the parties whether there are any alternative jobs which the employee can perform.	
10.	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. Duplicate copies of the documentation should be handed to the employee concerned.