Communication Log

Please use this log to record information shared and decisions made when assisting an employee who is off work or working at reduced capacity due to a mental health condition. Both the supervisor and employee should agree on what was discussed and agreed upon and sign that discussion entry. All information contained here is confidential.

Information

Employee name:	
Supervisor / line manager name:	
Employee home / cell number (if off work):	
Start date (*yyyy-mm-dd*):	**End date (*yyyy-mm-dd*):**

Communication log

Date (*yyyy-mm-dd*):	
Discussion:	
Employee signature:	**Supervisor signature:**

Date (*yyyy-mm-dd*):	
Discussion:	

Employee signature:	**Supervisor signature:**

Date (*yyyy-mm-dd*):

Discussion:

Employee signature:	**Supervisor signature:**

Date (*yyyy-mm-dd*):

Discussion:

Employee signature:	**Supervisor signature:**

Date (*yyyy-mm-dd*):

Discussion:

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Discussion:

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Date (*yyyy-mm-dd*):

Discussion:

Employee signature:	**Supervisor signature:**

Date (*yyyy-mm-dd*):

Discussion:

Employee signature:	**Supervisor signature:**

Date (*yyyy-mm-dd*):

Discussion:

Employee signature:	**Supervisor signature:**

Date (*yyyy-mm-dd*):

Discussion:

Employee signature:	**Supervisor signature:**

End of communication log