**Suitable Alternative Employment (SAE)**

**Assessment Form**

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| --- | --- |
| **Employee Name**  **Assignment no:** |  |

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| --- | --- | --- | --- |
| **Current Job Details** | | | |
| **Current Job Title** |  | | |
| **Current Pay Band** |  | **Current Working Hours/Patterns** |  |

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| **SAE Post being considered** | | | |
| **Job Title** |  | | |
| **Pay Band** |  | **Working Hours/Patterns** |  |

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| **Assessment Criteria** | **Comments** |
| **Pay**  Consideration should be given in relation to current pay and conditions and of protection of pay |  |
| **Status & Nature of the Work**  Any loss or reduction of status, i.e reporting lines, lower pay band etc. Are the duties broadly similar. |  |
| **Location**  Their personal circumstances will have a bearing on reasonable home to work travel. Consider health and domestic circumstances |  |
| **Working Environment**  This may be especially important for those who suffer a health complaint or physical disability |  |
| **Hours of Work**  Any change in their hours of work, e.g. shift patterns, may be considered unsuitable if it fails to take account of their personal circumstances |  |

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| **Subjective Considerations**  To include any issues specific to the individual i.e if children in nursery a start times cannot be amended etc. |  |

Is this post considered an SAE? YES / NO

Signed: .................................................. Signed: .............................................................

Manager: ............................................... HR Rep: ............................................................

Date: ........................................................Date: .................................................................