***EMPLOYMENT CHECKLIST***

**NOTE TO ADVISER: This document may also be completed on the computer (see”Advisers’ Resources” folder within “Employment” (Project Folder). Please check that the information provided by the client is factually and legally correct. Please ensure that the checklist is attached to the CLIENT file. PLEASE REMEMBER TO SCAN TO CASTLE DOUBLE SIDED.**

**Client Ref. No. : (TO BE COMPLETED BY ADVISER)**

**Aberdeen Citizens Advice Bureau**

**Thank you for seeking advice from Aberdeen Citizens Advice Bureau. To be able to advise you fully, please complete this pack to the best of your knowledge and provide to the adviser that sees you. If you are unsure of anything, please leave blank and discuss with your adviser, or highlight the parts you think should be checked over. Please arrange letters and emails in date order if you have not already done so.**

**Title: …........ Forename:....................................................................................**

**Surname: .................................................................................................................**

**Address:.............................................................................................................................................................................................................................................................................**

**Postcode:.......................................................................................................................**

**Contact tel. no.: .........................................Can we leave voicemails? Yes / No**

**Email Address: ........................................................................................................................**

**Preferred method of contact (SELECT): Email OR Telephone**

**Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ National insurance number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **GENERAL EMPLOYMENT INFORMATION** |
| **Employer’s details:** | **Employment Status:** | **Job details:** |
| **Name of employer as per your most recent payslip:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Address of Employer as per recent correspondence:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Please note the employer’s name on contract if different to payslip****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Number of employees within company?****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Do you believe your employer is in financial difficulty (if yes, this may mean your query is more urgent)?****Yes No** **Employer’s legal advisers (if known):****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Do you claim any benefits?****Yes No** **If yes, please specify:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Are there any restrictions on your right to work in the UK?****Yes No** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Are you an (as you understand it):**  Employee  Agency worker  Worker  Zero-hours worker  Self-employed **How many hours are you contracted to work per week?****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****How many hours do you normally work each week?****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Last day at work (if applicable):****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of detriment i.e. date disadvantage by employer (if applicable):****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date advised in writing of dismissal or resignation:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date verbally advised to be dismissed or of resignation (if different to written notification):****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****End date (if applicable):****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Do you own shares with your employer?****Yes No**  | **Nature of job /job title:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Salary / hourly rate of pay:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Other (e.g. commission, bonus):** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Contract type?****Written contract\*** **Verbal contract\*** **No contract\*** **Name of Union (if applicable):****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Has your union been notified of your complaint?****Yes No** **Dates of holiday year eg. April to March/ January to December:** **From :****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****To :****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Holidays taken in current holiday year:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Number of holidays you believe you are entitled to but have not taken?****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****NOTE TO ADVISER:****(WHERE APPLICABLE, PLEASE USE GOV’S HOLIDAY CALCULATOR TO DETERMINE WHETHER CLIENT IS DUE PAYMENT FOR HOLIDAYS & ATTACH TO CLIENT’S FILE)**  |

**\* Please note that where there is an asterisk (\*), you should provide further, more detailed information on that issue**

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| **Client still in employment** |
| **Change of contract** | **Grievance** |
| **What has changed? (e.g. duties, level of responsibility, pay, hours, holidays, breaks etc.)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Change was in writing****Possibility of change referred to in contract?\*****Anyone else affected by the change?****Client has resigned** **Client has been dismissed** **Any other concerns regarding statutory/ contractual rights?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Reason(s) for grievance (e.g. pay, holiday, hours, conditions, discrimination or harassment):****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date of grievance:*** **Verbal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Written: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Has there been a hearing? YES / NO** **If yes, date of hearing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Decision reached\* YES / NO****Decision****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Client has appealed**  **If yes, date of appeal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Employer dealt with grievance properly** **and within time limits**  |
| **Losing a job or disciplinary action** |
| **Circumstances** | **Reasons given for job loss\*** | **Dismissal and disciplinary\*** |
| **Resignation****Dismissal****As of when? (date of notice or dismissal)****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****When notified?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****How notified (please select)?** **Written Verbal** **Discrimination?** **Please detail any issues of discrimination together with dates of discriminatory acts (the date is important as it determines deadlines)****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Please note any witnesses you believe you would be helpful to your case:****Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Witnessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Further details can be provided on the next page, if necessary.**  | Voluntary RedundancyRedundancy Capability (inc. because ofsickness absence )MisconductGross Misconduct Retirement Legal Long-term sicknessAnother reason?**Do you believe the reason given for your dismissal is untrue?****Yes No** **If yes, please explain why:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Please select if you believe you were dismissed for one of the following reasons?** Maternity leave/PregnancyWhistleblowingHealth & Safety Discriminatory Trade Union issues Requesting a statutory right such as breaks, holiday, NMW or payslips, written statement of terms & conditions.**Please note you need to be an “employee” to claim unfair dismissal.****NOTE TO ADVISER – PLEASE SEE REDUNDANCY CHECKLIST IF CLIENT IS FACING REDUNDANCY OR HAS BEEN DISMISSED AS REDUNDANT.**  | **31. Have you raised any grievances? If yes, please provide copies.\*****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****32. If employer used dismissal and disciplinary procedures :****What procedures were used?**  **Acas Code** **Contractual** **Correct outstanding pay** **given? (including bonus,****holiday pay, notice pay, commission,****overtime, vouchers)****Yes No** **If no, please provide further details:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Any disputed deductions made from wages? YES / NO****Employer notified? YES / NO**  **If yes, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****What stage has the procedure reached (please tick all relevant boxes below)?** Investigation?Decision (disciplinary/appeal)Have you appealed any decisions? \* YES / NO**If no, please explain why:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PLEASE NOTE that failure to appeal a decision may lead to a 25% reduction in compensation if successful at an employment tribunal.**  |

**\* Please note that where there is an asterisk (\*), you should provide further, more detailed information on that issue.**

**BLANK PAGE FOR FURTHER INFORMATION:**

Click here to enter text.**Documents Required**

**The documents listed are normally required in order to give full advice. If your query is not urgent (the general rule is that you have 3 months less 1 day to bring a tribunal claim and 7 days to appeal a grievance or dismissal), you may wish return to the bureau with these documents.**

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|  |  | Included? Y/N | Adviser’s Comments  |
| 1. | Contract of employment /Statement of terms and conditions |  |  |
| 2. | Staff handbook |  |  |
| 3. | Documents relating to policies and procedures, such as a sickness policy, disciplinary procedure, grievance procedure, Bullying and harassment policy, Equal opportunities policy, H&S policy (where more than 5 employees employed), Family policies (parental rights to leave and pay), redundancy policy, performance policy, training policy, diversity policy etc  |  |  |
| 4. | Details of your employer’s name, address, telephone number, company registration number(can be found on www.companieshouse.gov.uk) |  |  |
| 5. | The address of the place where you actually worked |  |  |
| 6. | Your employee or payroll number |  |  |
| 7. | Payslips (last 12 weeks) |  |  |
| 8. | Details of your current income if you have found a new job or are claiming benefits. **IMPORTANT** - If you decide to take your claim to a tribunal you have an obligation to mitigate your loss from the date of termination/resignation. This means that you need to take steps to find employment. As such, you must record all efforts to mitigate loss/search for employment, i.e.  take pictures/screenshots of information looked at as links to the webpages will not show the same information at a later date (particularly where there are limited, suitable jobs for which to apply), note calls made and received, applications sent and rejection letters received. You should also keep a record of evidence of expenses i.e. mail and travel costs, which correlate with your attempts to gain employment as those expenses may be recoverable if you are successful at tribunal. You must also apply for benefits to which you are entitled. |  |  |
| 9. | Any correspondence (in date order) that you have relating to your employment incl minutes of meetings. **NOTE -** Please remember to let your employer know if there is anything which is not accurately reflected within records for example in minute of meetings. IF you have not received minutes of meetings you should request these from your employer ASAP and review these for mistakes.  |  |  |
| 10. | Details of trade union membership (if applicable) |  |  |
| 11. | Details of your GP and any other person who has been treating you for an illness or condition (if applicable) |  |  |
| 12. | Fit notes (if applicable) – doctor’s notes: fit/unfit for work |  |  |
| 13. | Any work or personal diary covering the period over which the problems occurred. It is a good idea to keep a diary if you are encountering problems with your employer or a particular person.  |  |  |
| 14. | The names and contact details of any witnesses who might be prepared to give statements in relation to events that took place |  |  |
| 15. | Any other documents or evidence you have in your possession which you think are relevant |  |  |
| 16. | Insurance policies covering legal expenses (you should check all insurance policies) |  |  |
| 17. | A timeline of the events you wish to discuss, starting with the date you began your employment and listing the dates of any incidents from the point when the problems at work first started (please see example at the end of this pack – ideally, you will prepare using excel spreadsheet) |  |  |
| 18. | A statement, in a word document if possible, giving details of the problem/s you have experienced  |  |  |
| 19. | A statement explaining why you believe you should not have been selected for redundancy and name the colleagues you believe should have been selected together with the reasons why you think that – these people need to be in the same pool (if applicable) |  |  |
| 20. | Consider whether there was alternative work that you should have been offered and whether others should have been included in the pool for redundancy (if applicable) |  |  |
| 21. | A note of any benefits and the value of said benefits received from your employer prior to dismissal, if not noted on every payslip, eg. commission, bonuses etc. |  |  |
| 22. | A note of anything you think is unusual to your case or relevant to disclose at the appointment (you should include anything that pops into your head so that it may be discussed with the employment specialist |  |  |
| 23. | ACAS Early Conciliation Certificate (if applicable) |  |  |

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| **DATE** | **BRIEF DESCRIPTION** | **OTHER COMMENTS**  |
|  | **Started at [INSERT NAME OF EMPLOYER] as [INSERT JOB TITLE]**  |  |
|  | **Issued with contract for [INSERT JOB POSITION]** |  |
|  | **Raised grievance informally with [INSERT FULL NAME] [verbally OR by e-mail]** |  |
|  | **[INSERT ANY OTHER INFORMAL DATES]** |  |
|  | **Pregnant - first date known to be pregnant [ INSERT DATE]**  |  |
|  | **Advised employer that pregnant [ INSERT DATE ]** |  |
|  | **Pregnancy due date [ INSERT DATE ]** |  |
|  | **Raised grievance formally with [INSERT FULL NAME (INSERT JOB TITLE)] [by e-mail OR by letter]** |  |
|  | **Absent from work owing to [INSERT BRIEF REASON FOR ABSENCE - SEE FITNOTE]** |  |
|  | **Returned to work [ INSERT DATE ]** |  |
|  | **Verbally advised by [INSERT NAME OF PERSON THAT ADVISED YOU] that I was being dismissed**  |  |
|  | **Letter from employer advising of dismissal (received [INSERT DATE OF RECEIPT])** |  |
|  | **Dismissed [ INSERT DATE ]** |  |
|  | **OH Report Appointment [ INSERT DATE ]** |  |
|  | **OH Report received by [letter] dated [INSERT DATE]** |  |
|  | **Return to work [ INSERT DATE ]** |  |
|  | **Argument with [] about [INSERT NICKNAME FOR ARGUMENT]**  |  |
|  | **Notified of redundancies by [letter] dated [INSERT DATE]** |  |
|  | **Notified at risk of redundancy by [letter] dated [INSERT DATE]** |  |
|  | **Collective consultation meeting [INSERT DATE]** |  |
|  | **Appealed dismissal by letter dated [INSERT DATE]**  |  |
|  | **Appeal outcome received from Employer by [INSERT MEANS OF COMMUNICATION]**  |  |
|  | **[INSERT ANY OTHER RELEVANT DATES]** |  |

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