

Return to work form

This form should be completed by the Manager in the presence of the employee on return from a period of absence /sick leave no longer than 48 hours after return to work.

Name:		Home:	
Absence Total Number of Days	From	TO	
Self-Certification completed:		YES/NO	
Fit note Provided:		YES/NO	
Interview Conducted by: _____			
Details of Sickness _____ _____ _____ _____ _____			
Was the absence following an accident at work: YES/NO			
<u>Details of Previous Absence (12 month period)</u>			
Date From	Date to	Reason	
- Are there any underlying medical conditions YES/NO - Are the incidents connected by reason e.g. same illness/disability YES/NO - Are there any patterns emerging from the absences e.g. Monday/Friday YES/NO - Is the employee disabled with in the meaning of the DDA YES/NO			

Was the correct absence reporting procedure followed?

Yes/No

If correct reporting procedure not followed why not.

Further action required

___ Phased return _____

___ Light duties _____

___ Refer for formal action _____

Signed employee _____ Date _____

Signed manager _____ Date _____

