



Return to Work Form - **CONFIDENTIAL**

Part 1: Self-Certification *(to be completed by employee)*

Name:	Job Title:
1 st Day of Absence:	Date Returned to Work:
Number of working days and hours absent:	Are you: full time / part time * *Delete as appropriate
For absences over 7 calendar days a fit note is required (signed by registered health professional)	Fit note obtained : Yes/ No/ Not required
State briefly why you were unfit for work (specify nature of illness or injury):	
<i>Please include dates of any doctor or hospital appointments during this time.</i>	
I reported my absence to: _____ on (date): _____	

Signed (employee): Date:

Part 2: Return To Work Interview *(to be completed by line manager)*

Line Manager's Name:	Date of RTW Interview:
Has a fit note been presented if required? (fit note if been off for more than 7 calendar days – including weekends and PH's)	Yes/No
<p>Summary of discussion – include these points below as applicable:</p> <ul style="list-style-type: none"> - Reason for absence - Was the absence linked to a disability or pregnancy? - Is the person fit to return to work (if long term absence does a phased return need to be agreed? - Are there any changes or adjustments that are needed to accommodate the employee's illness, condition or injury or to support a sustained return to work? 	

Going forward:

- Any changes that they might have missed whilst they were off?
- (if you have absence policy trigger levels)
 - o Outline any triggers which might have been met or are close to being met
 - o If a trigger has been met set a date for an absence review meeting to discuss further

Signed (employee):

Date:

Signed (Manager):

Date: