



RETURN TO WORK DISCUSSION / INTERVIEW FORM

This Return to Work (RTW) Discussion / Interview Form is designed as a guide and prompt for good practice for line managers and employees when meeting following a return from sickness absence. The line manager should complete the form and share it with the employee.

The RTW interview is designed to support staff in their return to work and help to build and maintain a good manager-staff relationship. The form and length of this discussion will vary greatly according to the particular circumstances of the absence from a very short discussion where the absence has been one-off and short to a longer confidential discussion or interview where there are significant issues to discuss.

Employees sickness absence which is longer than 7 continuous calendar days must be covered by a Medical Fit Note (medical certificate), absences of this length cannot be self-certified.

NAME: _____ **POST:** _____

SECTION ONE: ABSENCE DETAILS

1. Date of return to work:
2. Dates of absence: From: To: No. of days absent: Hours lost:
3. Did the employee follow correct absence reporting procedures: Yes/No
4. Self-Certification /Doctor's note received: Yes/No (If No, Why)? <i>Completed self certification forms and Doctor's notes should be forwarded to payroll</i>
5. Reason for absence:
6. Is the employee fit to resume normal duties: YES/NO

SECTION TWO: RETURN TO WORK INTERVIEW

Date of interview:
TOTAL ABSENCE OVER LAST 12 MONTHS: (including this period of absence)
No. of occasions: _____ Total days (or hours for part time staff) lost: _____
Currently under absence monitoring? Yes / no
Issues to address (as appropriate) and summary of employee response
<input type="checkbox"/> How are you now and are you able to carry out normal hours and duties?
<input type="checkbox"/> What was the possible cause of your sickness absence and what action have you taken to avoid any future occurrence (work/accident or personal)?
<input type="checkbox"/> Did you consult a doctor or other medical practitioner?
<input type="checkbox"/> Are you on any medication which may affect your performance?
<input type="checkbox"/> Do you feel that there is anything more we can do to support you?
<input type="checkbox"/> General absence level concerns.

SECTION THREE: NEXT STEPS

Summary of action points (if applicable) agreed and any other comments:

Review date for agreed actions

Employee signature:	Date:
Manager signature:	Date:
Manager Name:	Manager Post:

Next Steps for Line Managers:

- 1) Keep copy
- 2) Send copy to HR
- 3) Give copy to individual