

RETURN TO WORK INTERVIEW FORM

This form must be completed and discussed with the employee by the manager or designated deputy for every episode of sickness and retained on the employee's personal file.

Name of Employee: _____ **Job Title:** _____

Date of return to work interview: _____ **Conducted by:** _____

Reason for absence as stated by employee: _____

Reason reported on ESR _____

Is the absence work related? (check if an incident form has been done) **Yes** **No**

Is the absence pregnancy related? **Yes** **No**
(if yes then a risk assessment must be undertaken)

Could this absence be related to a disability? **Yes** **No**
(if yes then consider whether any reasonable adjustments would assist them, Use the How To Guides)

Could this absence be related to a health condition? **Yes** **No**
(if yes then consider whether any tailored adjustments would assist them, Use the How To Guides)

Is the employee now fit to undertake all duties?

Did the employee seek advice from their Medical Practitioner / GP/been referred to a Consultant? If so are they receiving any medication and/or require further treatment?

Are there likely to be any further absences resulting from their recent illness/injury etc?

Are there any underlying health conditions relating to the absence?

Can any support/ assistance / signposting be given to the employee?

Does the employee have any concerns about any work related issues, which may have a bearing on their sickness absence/ attendance?

Has the employee been referred to Occupational Health? If so what was the advice? If no, consider whether a referral is required.

Any other comments/recommendations/actions required?

Total no. of calendar days absent: _____ Total no. of episodes in the last 12 mths _____

Is a Review Prompt discussion required?

Yes

No

(N.B apply discretion and record rational below, refer to How to Guides)

Following consideration does this episode require progression under the Management of Attendance Policy?

Yes

No

No action

Initial Discussion

First formal

Second formal

Final formal

This section must be signed by both the manager and the employee as a true and accurate record of the discussion that took place during the return to work interview.

Manager's Signature: _____

Date: _____

Employee's Signature: _____

Date: _____

