

**RETURN TO WORK DISCUSSION/ INTERVIEW FORM**

This form should be completed by the line manager with the employee as soon as possible following their return to work.

Sickness absence which is longer than seven continuous calendar days must be covered by a medical fit note (certificate), absences of this length cannot be self-certified.

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| **Return to work interview** | |
| **Date of interview:** |  |
| **Employee name:** |  |

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| **Dates of Sickness (including non-working days)** | | | | |
| **Start Date** | **Date:** | **End Date** | **Date:** |
| **Time:** | **Time:** |

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| **Details of Sickness/ Injury:** | |
| **Details of sickness / injury:** |  |
| **Was a self-certificate/ Fit note received?** |  |
| **Did the employee follow the reporting procedure?** |  |
| **Is the employee fit to return to normal duties?**  (If yes, is a phased return required? If no, provide details) |  |

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| **Total absence over last 12 months (including this period of sickness)** | |
| **Number of occasions:** |  |
| **Total number of days lost:**  **(Hours for part time)** |  |
| **Currently under absence monitoring?** |  |

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| **Summary / Discussion** |
| **Issues to address (as appropriate) and summary of employee response:**   * How are you feeling and are you able to carry out normal hours and duties? * What was the possible cause of your sickness absence? * What action have you taken to avoid any future occurrence? * Did you consult a doctor or other medical practitioner? * Are you on any medication which may affect your performance? * Do you feel that there is anything more we can do to support you? |
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| **Comments** |
| **(What actions has the employee agreed to in order to avoid further absence & any employer action?)** |
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| **Employee Signed:** |  | **Date:** |  |
| **Manager Signed:** |  | **Date:** |  |

Please ensure that you keep a copy for your records, provide a copy to the employee and send one to HR.