



## RETURN TO WORK INTERVIEW FORM

Employee Name		Line Managers Name	
Establishment		Section	
Date of Meeting:		Location:	
Other people present at Meeting:			
	From	To	Total number of days absent
Period of absence			
Reason(s) given for absence:			
*Issues discussed:			
**Details of support offered to employee:			
***Actions agreed (including timescales)			

**Please use space on reverse for additional information**

## Additional information

Signature of employee

Date

Signature of Manager

Date

**A copy of this form should be given to the employee. The purpose of the record is to enable line managers to monitor individual absence levels. All records are kept confidentially. An employee may view their individual absence record by contacting their line manager.**

- \* Issue to discuss could include – welcoming the employee back, updating on the work situation, the reason for the employee’s absence, the impact of the employee’s absence on service delivery and colleagues, the implications of future absence
- \*\* **Support offered could include – Occupational Health referral, specific training, advice/support from the senior manager.**
- \*\*\* Actions could include – targets for improved attendance, Occupational Health referral, an investigation of the employee’s claims that the absence was work related, a review of the risk assessment.