Return to Work Interview Record

Name: …… Company: ……

First Day of Absence: …….. Last Day of Absence: ……

Return to Work Date: ……..

Total Working Days in this Absence: ……. No. Absences in last 6 months: ……..

Reason for Absence (please give as much detail as possible)**:**

Did the Employee report their absence in line with the Company Absence Reporting Procedure?

YES / NO

Did the Employee seek advice from a Doctor / Dentist (please give details of advice given)?

Doctor / Dentist / Pharmacist / Hospital / None

Is the Employee taking any medication now and, if so, are they experiencing any side effects?

…….

Will the Employee need to attend further appointments as a result of this absence?

…….

Is the Employee well enough to return to work?

YES / NO

Would the Employee benefit from a phased return and, if so, have you agreed what this will be?

……

Is the absence attributable to a work-related injury or accident?

YES / NO

If yes, has the Employee completed an Accident Report for the incident?

YES / NO

Have you updated the Employee on any workplace changes whilst they have been off?

YES / NO / Not Applicable

Do you have any general concerns about this Employee's attendance or timekeeping?

YES / NO

Signed: …….. Date: ……..

Print Name: …… (Line Manager / Person Conducting RTW)

I agree that the information above has been provided by myself as part of the return to work process and that all information provided is true and accurate.

Signed: …….. Date: …….
(Employee)