Return to Work Interview Record Form

This Return to Work Interview Form is designed as a guide for the manager when meeting with employees on their return to work from sickness absence. The meeting should be formal, polite and relaxed with the manager encouraging discussion; listening as much as talking.

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| Employee Name: |  |
| Position: |  |
| Department: |  |
| Date Of Discussion: |  |
| Person Conducting Interview |  |

Section 1

|  |  |  |
| --- | --- | --- |
| 1. Date of Absence
 | From: | To: |
| 1. Did The Employee Follow The Correct Absence Reporting Procedure?

(If No Why Not) |  |
| 1. If Absence If More Than 3 Days Has A Doctor’s Note Been Received
 | Yes: [ ]  | No: [ ]  |
| 1. What Was The Reason For Absence Given In Initial Phone Call- On Day 1?
 |  |
| 1. Review The Dates Of Absence In Last Rolling 12 Month Period
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| Section 2 |
| 1. What Was The Reason For Your Absence?
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| 1. Have You Fully Recovered?
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| 1. Are You Fully Fit For Duty?
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| 1. Was The Absence Related To An Accident At Work?
 |
| 1. Was An Accident Or Incident Report Form Completed (If Not Why Not)
 |
| 1. In The Event Of An Incident At Work Did You Consult A Doctor Or Other Medical Practitioner? (Please Give Details Of When)
 |
| 1. Are You On Any Medication Which May Affect Your Performance? If Yes, Please Advise.
 |
| 1. Do You Require Any Additional Support?
 |
| 1. Managers Should Give An Update To Employee On Issues Affecting Department During Absence E.G. Change Of Work/Staff Positions
 |
| Section 3 |
| 1. Has The Employee Been Made Aware of the Company’s Absence Policy?
 | Yes | [ ]  | No | [ ]  |
| 1. Is A Follow Up Doctor’s/Consultants Appointment Required If So Please Give Details
 | Yes | [ ]  | No | [ ]  |
| 1. Does A Referral To Independent Doctor Or Occupational Health Advisor Need To Be Made?\*
 | Yes | [ ]  | No | [ ]  |

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| Summary Of Action Points Agreed And Any Other Comments |
| Review Date For Agreed Action |  |
| Employee’s Signature |  | Date |  |
| Interviewer’s Signature |  | Date |  |