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

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| 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? | | | | |
| 1. Have You Fully Recovered? | | | | |
| 1. Are You Fully Fit For Duty? | | | | |
| 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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| **Statutory Sick Pay Scheme Record**  Employee Service Start Date:  SSP Paid From:  SSP Paid Until (inclusive):  Rate of Payment: | |  | | | |
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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 |  |