|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | | |
| **Job title** |  | **Department** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **First day of absence** | **Last day of absence** | **Total number of days** |  | **Has a doctor been consulted?** | | **Was a medical certificate issued?** | |
|  |  |  | YES | NO | YES | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Was the absence work related?** | YES | NO | **Reason for RTW Interview** | Absence period 3+ days |  |
| If ‘YES’ please ensure an Incident Report Form has been completed | | Three + absence instances in two month period |  |
| Other e.g. Unauthorised absence |  |

|  |
| --- |
| **Reason for absence** (Please give a brief description of the illness or other reason for absence |
|  |

|  |  |
| --- | --- |
| **Questions to ask** (all these questions must be asked) | **Comments/notes** |
| How are you feeling now? |  |
| Are you well enough to be back in work? |  |
| Is there likely to be a recurrence? |  |
| Has anything work-related contributed to your absence? |  |
| Are there any arrangements or adjustments need to support your return to work? |  |
| Do you have any questions? |  |
| Further comments: | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Is a further meeting required?** | YES | NO | **Information for employee** | Update on how work was covered |  |
| If YES give timescale | | Update on any missed information |  |
| If absence procedures were not followed - advise that this is an unauthorised absence and HR will confirm how it will be paid. |  |

|  |  |  |
| --- | --- | --- |
| **I certify that the information given above is correct** | | |
| Employee’s signature |  | Date: |
| Manager’s signature |  | Date: |