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

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| --- | --- | --- | --- | --- | --- |
| **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  |  |

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

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