

RETURN TO WORK FRAMEWORK

Name of Employee:	
Job Title:	
Date:	
Return to work conducted by: (Name and Job Title)	

First day of absence:	
Last day of absence:	
Total days absent from work:	
Who was notified? (Name and Job Title)	
Date of notification:	

Reason for Absence:	
---------------------	--

Was GP consulted/medical intervention undertaken?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, has a sick note been provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the employee fit to return to work?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did work factors contribute to absence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what actions can/will be taken to support employee and prevent further absences?	

Employee signature:		Date:	
Manager signature:		Date:	