**Return to Work Discussion Form**

*\*\*\*To be completed and returned by line manager to HR within one week of return to work \*\*\**

|  |  |
| --- | --- |
| Employee’s Name |  |
| Absence dates |  |

**Absence Notification**

|  |  |
| --- | --- |
| When did the employee notify of the absence? |  |
| How did the employee notify of the absence?  (i.e. phone call, email, text message) |  |
| To whom did the employee notify their absence (Name and Title) |  |

**Absence Details**

|  |  |  |
| --- | --- | --- |
| For Food Handlers: If absence due to vomiting or diarrhoea, have you been clear for 48 hours? | **Yes** | **No** |
| Were there any other reasons affecting the absence (i.e. personal or domestic circumstances; work-related problems)? If yes, please detail as reasonable | **Yes** | **No** |
| Is the employee, in your opinion, fit to return to work? If no, please detail reason | **Yes** | **No** |
| Are there any support mechanisms which need to be put into place to support the employee at this time? (i.e. reasonable adjustments to role/tasks/hours/shifts) If yes, please detail | **Yes** | **No** |

**Previous Absences**

|  |  |
| --- | --- |
| Total number of days absent in last 12 months |  |
| Total number of absence episodes in last 12 months |  |
| Reasons for previous absences |  |

**Discussion of any concerns and actions / follow up areas:**

(i.e. poor attendance levels, failure to follow notification procedure, failure to follow certification procedure, impact on service delivery, reduced standards of work, review meeting, referral to Occupational Health, action of reasonable adjustments)

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| --- | --- | --- |
| Managers Signature |  | Date |
| Employee’s Signature |  | Date |