

RETURN TO WORK INTERVIEW

Part One

To be completed by the Line Manager in preparation for the interview PERSONAL DETAILS

Name:

Post Held:

Location:

DETAILS OF PREVIOUS ABSENCES WITHIN LAST 12 MONTHS (IF ANY)

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Number Of Days** | **Reason** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

DETAILS OF MOST RECENT SICKNESS ABSENCE

|  |  |  |  |
| --- | --- | --- | --- |
| **From** | **To** | **Number Of Days** | **Reason** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Part Two

To be completed by the Line Manager in the presence of the employee

NOTIFICATION OF ABSENCE

Did you notify me as your line manager on the first day of absence?

If no, please state the person you did notify and the reason.

Did you submit a Self-Certification Form? Yes No (1-7 days)

Did you submit a Doctor’s Certificate? Yes No

DISCUSSION WITH LINE MANAGER

Action To Be Taken By Employee (if any):

Action To Be Taken By Line Manager (if any):

Action to be taken by Line Manager (if any):

We agree that the information contained in this document is accurate and agree to take any action identified as our responsibility.

Employee’s Signature: Date:

Line Manager’s Signature: Date:

The Line Manager should retain this in a confidential file.