

RETURN TO WORK REVIEW (SICKNESS ABSENCE)



A return to work review must be undertaken for all employees returning from any sickness absence, irrespective of length of time. A completed and signed copy of this form must be sent to absence@reachsouth.org along with the employees self certification of sickness absence or a fit note.

SECTION 1: EMPLOYEE DETAILS			
SURNAME:		FIRST NAME(S):	
PAYROLL NO:		TITLE:	
LOCATION/SCHOOL:		JOB TITLE:	

SECTION 2: LINE MANAGER DETAILS			
FULL NAME:		JOB TITLE:	

SECTION 3: RETURN TO WORK REVIEW DETAILS			
DATE OF REVIEW:		ABSENCE CODE:	
Were the notification and contact requirements complied with?	YES		NO
Is a manual handling or workplace assessment required (including work related stress)?	YES		NO

SECTION 4: SUMMARY OF SICKNESS ABSENCE IN PREVIOUS 12 MONTHS			
TOTAL NO OF DAYS/SHIFTS:		NO. OF EPISODES:	
Detail absences below (including date, number of days/shifts taken, condition)			
NO.	NO. OF DAYS/SHIFTS	DETAILS (Reason for absence)	DATES

Have the sickness triggers been reached for a formal review? (Please refer to the Managing Sickness Absence Policy)	YES		NO	
Does the individual have a current warning in place?	YES		NO	
If yes, please provide details including date of Warning(s) and expiry date(s) of warning(s)				
Is it appropriate to move to the next Stage in the Sickness policy?	YES		NO	
Has the individual been advised that they will progress To the next Stage in the sickness policy?	YES		NO	

SECTION 5: SUMMARY OF DISCUSSION

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SECTION 6: FURTHER ACTION REQUIRED

What other support and/or workplace adjustments are required to help improve this employee's health, wellbeing and attendance?

To arrange Staff Counselling/EAP	YES		NO		Action by:	
To refer to Occupational Health	YES		NO		Action by:	
To arrange Risk Assessment	YES		NO		Action by:	
To arrange formal review meeting	YES		NO		Action by:	

Other actions agreed:

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SECTION 7: DECLARATION BY EMPLOYEE

I certify that I have been unable to work during the period above due to sickness absence as stated and confirm the content of the discussions as above. I understand that if I have given a false declaration I can lose pay benefits and disciplinary action may be taken.

Signature:		Date:	
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SECTION 8: DECLARATION BY MANAGER

I have held a Return to Work Discussion with the above employee and am/am not* satisfied that the absence meets the criteria required for authorised paid sick leave. I agree to monitor the person's attendance in line with the policy and take appropriate action when required

Signature:		Date:	
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*If this absence is NOT authorised as paid sick leave, please give reasons:

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