**RETURN TO WORK INTERVIEW FORM**

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| **THIS FORM MUST BE COMPLETED BY THE MANAGER OR DESIGNATED DEPUTY FOLLOWING EACH PERIOD OF ABSENCE.**  |
| **Name:** |  |
| **Department:** |  |
| **Job Title:** |  |
| **Dates of absence** |  |
| **Number of actual working days lost due to sickness\*** |  |
| **Date of Return:** |  | **Date of Return to Work interview** |  |
| **Self Cert completed:** |  | **GP Fit Note Received:** |  |
| **Reason for absence as stated by employee:** |  | **Was absence work related** |  |
| **Was absence pregnancy related:** **If yes risk assessment is required** |  | **Is employee now fit to fulfil all duties** |  |
| **\*\*Was the absence due to Diarrhoea and Vomiting (D&V)?**  |  | **Confirm 48 hours symptom free** |  |

**\* Actual working days lost that should have been worked (not calendar days)
\*\*** **Any employee who is off sick due to D&V must be excluded from attending work for a period of 48 hours after they have been symptom free. This applies equally to all staff regardless of whether they work in a clinical or non-clinical area, as all staff may come into contact with other employees and/or service users. However, where appropriate, at the discretion of the manager, in some circumstances the employee may be able to work from home to cover this period.**

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| **Was a referral to Occupational Health completed**  | **Yes** |  | **No** |  |
| **Were there any reasonable adjustments to be considered** | **Yes** |  | **No** |  |
| **Comments:** |  |
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| **Are there any underlying problems relating to the absence?** | **Yes** |  | **No** |  |
| **Comments:** |  |
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| **Can the Trust offer any support to the employee to support attendance at work and/or avoiding this type of absence again in the future?** | **Yes** |  | **No** |  |
| **Comments:** |  |
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| **While on sickness absence, has the employee undertaken any paid or unpaid work or undertaken any training** | **Yes** |  | **No** |  |
| **Comments:** |  |
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| **Has the employee hit one of the absence monitoring triggers as per the Managing Sickness Absence policy** | **Yes** |  | **No** |  |
| **Comments:** |  |
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| **This is a true reflection of the meeting** |
| **Manager Name:** |  | **Job Title:** |  |
| **Signature:** |  | **Date:** |  |
| **Employee Name:** |  | **Job Title:** |  |
| **Signature:** |  | **Date:** |  |

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| **Electronic Staff Record / Health Roster** Please ensure the return-to-work discussion is entered against the period of sickness recorded for the employee. If the absence has been related to COVID, confirm the correct reason code has been chosen in ESR/Health Roster. If recording in ESR, the Related Reason must be Coronavirus – Test and Trace Contact. Choosing any other reason may lead to an overpayment for that individual. |
| **Date Return to Work inputted:**  |  |

**\*If the member of staff has hit a trigger, then please refer to the relevant informal / formal step to complete following this meeting**