PARISH /PCC

Return to Work Interview Record Form

This Return to Work Interview Form is designed as a guide for the line manager when meeting with employees on their return to work from sickness absence. The meeting should be formal, polite and relaxed with the manager encouraging discussion; listening as much as talking.

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| **Employee Name:** |  |
| **Post:** |  |
| **Date of discussion:** |  |
| **Person conducting interview:** |  |

**Section 1: Absence Details**

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| --- | --- | --- |
| 1. Date of absence | From: | To: |
| 1. Date of return to work |  | |
| 1. Did the employee follow the correct absence reporting procedure?   (if no why not?) |  | |
| 1. Has a Self-Certification Form been completed and returned to HR? | Yes: | No: |
| 1. If absence is more than 7 calendar days, has a Doctor’s note been received and given to HR? | Yes: | No: |
| 1. What was the reason for absence given in initial phone call? |  | |
| 1. Dates of absence and reasons in last rolling 12 month period |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 2: The Interview** | | | | | | | |
| 1. How are you now? Are you fit to attend work? | | | | | | | |
| 1. What was the reason for absence and what specifically prevented you from attending work? | | | | | | | |
| 1. Did you consult a Doctor or other medical practitioner? (please give details of when) Did they give you any advice? If so, have you followed this advice? (If not, why not?). | | | | | | | |
| 1. Do you require any additional support? (Is there a need for any reasonable adjustments to be made?). | | | | | | | |
| 1. Are there any issues which the employee wishes to raise following their recent absence? (Personal or work related). | | | | | | | |
| 1. Line manager to update the employee on anything that may have happened during their absence. | | | | | | | |
| 1. Has employee met trigger points as outlined in the Sickness Absence Policy:  * Any unauthorised absence * 8 continuous working days of absence * 4 periods of sickness absence in a 12 month period   Has there been regular absence on certain days?  Is there a combination of odd days, longer periods and patterns of absence causing the line manager concern? | | Yes |  | | No | |  |
|  | |  | | |  | | |
| 1. Has the employee been made aware of future actions in accordance with the Sickness Absence Policy? | | Yes |  | | No | |  |
| 1. Does a referral to Occupational Health need to be made?**\*** | | Yes |  | | No | |  |
|  | | | | | | |  |
| Summary of action points agreed and any other comments | | | | | | | |
| Review date for agreed action: | | | | | | | |
| Employee’s signature |  | | | Date | |  | |
| Interviewer’s signature |  | | | Date | |  | |

***\**** *If you wish to make a referral to Occupational Health please discuss this with HR*

*A copy of this form should be kept on the employee’s personal file.*