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**

|  |  |  |
| --- | --- | --- |
| 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
 |  |

|  |
| --- |
| **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.*