



## Nailsworth Town Council

### Sickness return to work Form

This Return to Work (RTW) Discussion / Interview Form is designed as a guide and prompt for good practice for line managers when meeting with employees on return from sickness absence. You may complete some or all of this form, depending on the circumstances.

The RTW interview is designed to support staff in their return to work and help to build and maintain a good manager-staff relationship. The form and length of this discussion will vary greatly according to the particular circumstances of the absence from a very short discussion where the absence has been one-off and short to a longer confidential discussion or interview where there are significant issues to discuss. It is important that line managers carry out these discussions in a confidential, supportive and constructive manner.

If their sickness absence has been longer than 7 continuous calendar days they must have provided you with a medical certificate(s) (now known as the fit note) to cover them.

**NAME:**

**JOB TITLE:**

#### SECTION ONE: ABSENCE DETAILS

1. Date of return to work:			
2. Dates of absence:	From:	To:	Hours lost:
3. Did the employee follow correct absence reporting procedures: Yes/No			
4. Self-Certification /Doctor's note received: Yes/No (If No, Why)? <i>Completed self certification forms and Doctor's notes should be forwarded to payroll</i>			
5. Reason for absence:			
6. Is the employee fit to resume normal duties: YES/NO			

#### SECTION TWO: RETURN TO WORK INTERVIEW

Date of interview:
<b>TOTAL ABSENCE OVER LAST 12 MONTHS: (including this period of absence)</b>
No. of occasions: _____ Total days (or hours for part time staff) lost: _____
Currently under absence monitoring? Yes / no
<b>Issues to address and employee response:</b>
<input type="checkbox"/> How are you now and are you able to carry out normal hours and duties?



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- What was the possible cause of your sickness absence and what action have you taken to avoid any future occurrence (work/accident or personal)?
  
- Did you consult a Doctor or other medical practitioner?
  
- Are you on any medication which may affect your performance?
  
- Do you feel that there is any thing we can do to support you?
  
- Do you consider your illness to be work-related? If the answer is yes in what way is it work related?  
*If so an accident, incident or hazard report form should be completed.*
  
- If you feel it is work related did you complete an accident, incident or hazardous report form?
  
- Update on work during period of absence, e.g. announcements, etc:



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#### SECTION THREE: NEXT STEPS

Summary of action points (if applicable) agreed and any other comments:
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Review date for agreed actions
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Employee signature:	Date:
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Manager signature:	Date:
Manager Name:	Manager Post:

- 1) Please file this form with your other absence records in a secure, confidential location

Policy Title:	Sickness return to work form		
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