Return to Work Form

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| **Name** |  |
| **Department** |  |

This Form must be completed after any period of absence other than holiday. Employees must complete **ALL** questions marked in **bold type.**

**Date(s) of absence**

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| --- | --- |
| **First date of absence:** |  |
| **Last Date of absence:** |  |
| **Return to work date:** |  |
| **Total number of working days absent:** |  |

**Contacting the company**

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|  | **Verified by Management** |
| **Did you contact the company at the commencement of your absence?** |  |  |
| **Who did you speak to?** |  |  |
| **What time did you contact the company?** |  |  |

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| **Reason for absence?** |
| **Did the employee properly notify the employer of his/her absence?** | **Yes** | **No** |
| **Did the employee consult his/her GP?** | **Yes** | **No** |
| **Did the employee indicate that factors at work may have caused or contributed to the absence?** | **Yes** | **No** |
| **If so, please explain:** |
| **If so, what action is to be taken to support the employee?** |

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| **Is this absence part of an overall pattern?** | **Yes** | **No** |
| **If so, please explain:** |
| **Does the employee have any type of disability?** | **Yes** | **No** |
| **Any further comments from the manager:** |

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| **Employee Signature:** | **Date:** |
| **Manager’s Signature:** | **Date:** |

**For Office Use Only**

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| **Number of authorised absence days this year:** | **Number of unauthorised absence days this year:** |
| **Is further investigation necessary?** | **Did employee follow the correct absence procedure?** |