**Return-To-Work Form following sickness absence**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employee name:** | | |  | | |
| **Employee number:**  (if known) | | |  | | |
| **Department:** | | |  | | |
| **Dates of absence** | | | | | |
| **From** | | | | **To** | |
|  | | **Date** | | |  |
|  | | **Day** | | |  |
|  | | **am/pm** | | |  |
| Discuss reasons for absence and detail below: | | | | | |
| Was employee referred for an Occupational Health assessment? Yes/No | | | | | |
| If yes, provide details of the guidance provided: | | | | | |
| Is the employee fit to return to work? Yes/No | | | | | |
| Is the employee on any medication which may affect performance? If yes, give details of medication and details of adjustments. | | | | | |
| Are any actions to be taken under sickness absence policy? Yes/No. Give details | | | | | |
| **Manager’s name:** |  | | | | |
| **Signature:** |  | | | | |
| **Date:** |  | | | | |
| **Employee’s name:** |  | | | | |
| **Signature:** |  | | | | |
| **Date:** |  | | | | |

**NOTES:**