**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:**