# Return to work meeting record

Return to Work form or interview should be completed as soon as possible after an employee returns from sickness absence. This is not a legal requirement, but best practice in managing absence fairly and consistently. To be completed by a manager.

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| --- | --- | --- | --- | --- |
| **Attendee details** | | | | |
| Employee name | | Employee role | | |
| Person carrying out meeting | | Role | | |
| **Any changes while away** | | | | |
| List any changes in the workplace that affect the employee while they were away and inform them | | | | |
| **Details of absence** | | | | |
| What was the reason for the absence? If the absence was linked to disability or pregnancy please give details. | | | | |
| Length of absence | No. of days absence in last 12 months | | | |
| **Discussion questions** | | | | |
| Is the employee ready to return to work? ✓ | | | Yes | No |
| Do they have a doctor’s note saying they are fit for work? ✓ | | | Yes | No |
| Are they taking any medication that may affect the workplace? ✓ | | | Yes | No |
| If yes, please give details. | | | | |
| Has GP recommended any actions, for example a phased return to work? ✓ | | | Yes | No |
| If yes, please give details. | | | | |
| Have you agreed any actions to support the employee’s return to work? ✓ | | | Yes | No |
| If yes, please give details. This might include: reasonable adjustments – required by law (Equality Act 2010) to reduce or remove a disadvantage related to someone’s disability, an occupational health referral, mental health support, changes to the employee's hours or duties. | | | | |
| Is there anything that might affect recovery or cause sickness to reoccur? ✓ | | | Yes | No |
| If yes, please give details. | | | | |
| **Next steps** | | | | |
| Has the employee already returned to work? ✓ | | | Yes | No |
| If no, have you agreed a date for the employee to return? ✓ | | | Yes | No |
| If yes, please give details including date of next review meeting | | | | |
| Signed by manager | | Signed by employee | | |
| Date | | Date | | |