**RETURN TO WORK INTERVIEW FORM**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| **Return-to-work interview record** |
| Name of employee |   |
| Job title |   |
| Name of manager conducting interview |   |
| Date of return-to-work interview |   |
| First date of employee's absence |   |
| Date of employee's return to work |   |
| Reason employee gave for absence: |
| Did the employee properly notify the employer of his/her absence? | Yes | No |
| Did the employee consult his/her GP? | Yes | No |
| Is any action required to be taken as a result of any recommendations from the employee’s GP or other medical professional?  | Yes | No |
| If so, please explain action to be taken: |
| 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 (if any) is to be taken? |
| Does the employee consider that they have any type of disability? | Yes | No |
| Any further comments from the manager: |
| Signature (manager): |   |
| Date form completed: |  |  |