**RETURN TO WORK INTERVIEW FORM**

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| **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: | | |  | |  | | |