**Sickness Absence Record Form – Return to Work**

*Line manager to complete this form, in consultation with employee on the day of return to work from sickness absence*

**EMPLOYEE DETAILS**

**Name:** Click or tap here to enter text. **Job Title:** Click or tap here to enter text.

**School:** Click or tap here to enter text.

**REPORTING DETAILS**

**Date of return-to-work meeting held:** Click or tap to enter a date.

**Date absence reported:** Click or tap to enter a date.

**Was reporting procedures followed:** Yes [ ] No[ ]

**Is the employee aware of the reporting procedures:** Yes[ ] No [ ]

**ABSENCE DETAILS**

**Date of first day of absence:** Click or tap to enter a date.

**Date of return to work:** Click or tap to enter a date.

**Total number of working days absent:**Click or tap here to enter text.

**Reason for absence:** Click or tap here to enter text.

**Was the absence related to a work accident:** Yes[ ] No[ ]

**Is the employee fit to return to work?** Yes[ ] No[ ]

**Has the employee provided a fit note** Yes [ ] No[ ] N/A[ ]

*(absence more than 7 days)*

**Are there any reasonable adjustments that need to be put into place:**

[ ]  Flexible hours Provide details: Click or tap here to enter text.

[ ]  Phased return Provide details: Click or tap here to enter text.

[ ]  Temporary change in duties Provide details: Click or tap here to enter text.

[ ]  Other Provide details: Click or tap here to enter text.

***NB: refer to the policy regarding pay during phased return and ensure this is communicated to staff in writing following the return-to-work meeting.***

**ADDITIONAL INFORMATION:**

**Is the absence related to a disability or potential disability?** Yes[ ] No[ ]

**Details of employee’s absence in the last 12 months preceding the start of the most recent absence:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date from** | **Date to** | **No. of days** | **Reason for absence** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Have the school’s absence trigger points been reached?** Yes[ ] No[ ]

**Please provide details:** Click or tap here to enter text.

**Has the employee been referred to Occupational Health:** Yes[ ] No[ ]

**Provide a summary of what was discussed at the meeting:**

Click or tap here to enter text.

***NB: a summary should be emailed to the employee following the meeting with what was discussed and any adjustments that have been agreed.***

**Manager Signature: Date:** Click or tap to enter a date.

**Employee Signature Date:** Click or tap to enter a date.