



Return to work policy

Section one – Self certification:

(To be completed by employee)

Name:	
Address:	
Job title:	
First date of absence:	
Last date of absence:	
Number of days absent:	
Reason for absence:	
Name and address of GP:	

Declaration:

If my absence was longer than 7 days (including weekends), I attached a Statement of Fitness for Work (Fit Note).

I have not during this period undertaken any work (paid or unpaid).

I declare that the details and statements which I have provided are correct and true.

Signed:

Date:

**Section two – Return to work interview:
(To be completed by manger and employee)**

1. Employee confirms fit to work?	YES / NO
2. Employee updated on work issues? (including issues caused by absence)	YES / NO
3. Is the absence related to a work related accident? (if yes, has the appropriate documentation been completed)	YES / NO
4. Is a phased return appropriate?	YES / NO
5. Details of phased return/restrictions:	
6. Is there an underlying reason for the absence?	YES / NO
7. Reason:	
8. Has there been a change in the employees' circumstances?	YES / NO
9. Summary of change:	
10. Is the absence related to the employees' disability or pregnancy?	YES / NO
11. Does the employee have a temporary or permanent mobility issue that would require a PEEP?	YES / NO
12. Number of working days lost due to absence in the last 12 months:	
13. Is there a concern about the level of sickness absence?	YES / NO
14. Has the employee been informed about the importance of regular attendance and the fact that poor attendance can lead to informal and formal monitoring by Little Munchkins Club?	YES / NO
15. Is a referral to Occupational Health appropriate?	YES / NO
16. Note of further discussion:	
17. Employee comments:	
Signed – Manager:	Date:
Signed – Employee:	Date: