

RECORD OF RETURN TO WORK DISCUSSION CONFIDENTIAL

Line manager should complete this form, in consultation with the employee, ideally on the first day of return from sickness absence, or as soon as possible. A return to work must be completed for **all** absences.

Use [Return to Work Guidance](#) to assist in completion of the form

EMPLOYEE DETAILS

Name:

Pay number:

Job title:

Directorate:

Service area:

ABSENCE DETAILS

Date absence began:

Date of return:

Total number of working days absent (include ½ days):

Has a GP fit note been received?

YES

NO

Did the employee follow the correct procedure for reporting their absence? *

YES

NO

** If No, advise employee of correct procedure and that failure to follow the procedure may mean the absence is recorded as unauthorised.*

Any recognisable patterns identified? (e.g. frequent Friday/Monday absences) *

YES

NO

Has one of the council's attendance concern points been reached? *

YES

NO

** If YES, advise employee that either a supporting attendance meeting or review will be arranged as per supporting attendance procedure. Make contact with Human Resources if necessary.*

Was the absence the result of an accident at work?

YES

NO

If YES, was the incident report form completed?

YES

NO

Is employee currently receiving medical treatment?

YES

NO

Has a [Wellness Action Plan](#) (WAP) or [Stress Self-Assessment](#) been completed/reviewed?*

YES

NO

Is a Supporting Attendance Meeting being arranged as a result of the return to work discussion *

YES

NO

** If yes, contact Human Resources for support*

ADJUSTMENTS

Does employee require a phased return to work? *

YES

NO

Does employee require amended duties? *

YES

NO

Does employee require any other reasonable adjustments? *

YES

NO

** If yes to any questions above, enter details overleaf in "support offered to employee" section*

Use the following to identify any underlying reasons for the employee's absence(s) and what can be done to assist the employee in improving their attendance. Pay particular attention to cases where it is indicated that absences may be work-related to establish the exact nature of the problem and how it may be alleviated.

Details of issues discussed: (e.g. the cause of the absence? Was it due to a health condition or other underlying reason? Is this a new or ongoing concern? Did the employee see a doctor? Will follow up treatment be required? What preventative actions can support you to stay at work? Do you believe this condition may require you to take further time off work?)

Details of support offered to employee: (e.g. WAP/Stress Self-Assessment, supporting attendance meeting, OH referral, physio referral, directed to PAM or external support, reasonable adjustments or flexible working suggested)

Actions agreed, including timescales:

To be completed by Line Manager

I confirm I have completed a return to work discussion with the above employee in accordance with the Supporting Attendance Policy & Procedure

Name (please PRINT):

Job Title:

Signature:

Date:

To be completed by Employee

I confirm I have completed a return to work discussion with my manager and provided the necessary information to support my attendance at work

Are you now fit to be at work? Please circle Yes No

Employee's Signature: Date:

This record is to be treated as **confidential** and kept by the manager.

The purpose of this record is to enable managers to successfully monitor and improve individual attendance levels and for any particular needs of the employee to be addressed.

February 2025