**Return to work Agenda**

Explore how the employee is feeling

Explain that the school has adopted the Sickness Absence

Review the sickness absence record for the past twelve months and this could include providing the employee with the Calendar charts showing the absence

If applicable, discuss any previous meetings and targets set

If applicable, discuss any OH report and the phased return plan – how this is progressing.

Ensure that the employee is fully recovered and decide whether any further support is required

Update the employee on key issues/matters in school that have arisen during their absence

Complete the return to work form

If applicable, provide a copy of the Sickness Absence policy to the employee

If appropriate, discuss that a formal stage meeting is required and will be arranged

**Managing Sickness Absence**

**Return to Work Interview**

|  |  |  |
| --- | --- | --- |
| Name of employee: | | Job title: |
| Name of Manager: | | Job title: |
| Date of Meeting: | | |
| Date of 1st day of absence: | | Date of last day of absence: |
| Number of Days Absent: | | Reason: |
| Absence(s) in last 12 months: (or attach SAP screen shot) | | Reason(s): |
| Further action required? (i.e. when you feel an action plan is required (managerial support) or you wish to explore whether you move to formal stages) YES/NO (if YES, please complete overleaf) | | |
| Brief record of discussion: | | |
| Notes of discussion: (please continue on a separate sheet if necessary) **\***  Agreed Outcome/Action Plan: **\*** |  | |
| **\***  Please remember to:   * State the purpose and importance of the discussion   Where appropriate:   * Focus on required outcomes (action plan) * Provide assistance in terms of appropriate changes in working arrangements and support * Encourage employee to seek medical advice/specialist assistance * Uncover causes and concerns * Explore resources required * Make employee aware that further absence may lead to formal action | | |
| These notes represent an accurate record of the discussion.  Signature of Line Manager: Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Employee: Date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

### Return to Work Interview Form

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s Full Name: |  | Employee’s Assignment Number: |  |
| Job Role: |  | Base: |  |
| Date (s) of Absence |  | Type of Absence |  |
| Reason for Absence (details of medical condition) |  | | |

Health (NA – not applicable/Y-yes / N-no)

|  |  |
| --- | --- |
| Was the medical condition work-related (i.e. caused or exacerbated by your duties)? | Y/N |
| If yes, was an incident form/RIDDOR completed? | Y/N |
| Have the Occupational Health Department been notified? | NA/Y/N |
| (Sickness longer than seven consecutive days) Has your medical certificate expired? | Y/N |
| Do you consider yourself fully recovered and fit to return to duty? (if no, further comments) | Y/N |
| Have you taken any steps to assist your recovery? | None/NA/Y |
| Do you require any support following your return to work? (if so, discuss what support is required) | None/Y |
| What other areas of support would you like to discuss that will assist your attendance. i.e. Occupational Health, childcare, Care First | None/Y |
| Are you anticipating any future health problems/sickness absence? (if so, advise OH referral will be made to ensure full support is provided) | Y/N |
| What preventative measures are you taking to reduce the potential of further sickness absence? | None/NA/Y |
| What medical appointments do you have planned for the future? (If so, when?) | None/Y |

### Consequences of absence

|  |  |
| --- | --- |
| Was the correct procedure for reporting absence followed? | Y/N |
| If you have additional employment, can you confirm that you were also absent from that post?  **If not absent, refer to HR.** | Absent/Not Absent |
| Update on work developments, not already been covered by regular contact with the employee and discussion on how the employee’s work has been dealt with in their absence | Y |
| Persistent absence discussed | NA/ Y |
| Summary/Further Action(s), if required, to prevent further similar absence and improve attendance:  Review Date (if appropriate): | |
| Discussion: (tick) Face to face By telephone | |

|  |  |
| --- | --- |
| I declare that the information I have given on this form is true and I confirm that I am now fit to resume work. I understand that it is a serious disciplinary offence to provide false information on this form.  This form will be reviewed at any subsequent Return to Work Interviews to monitor agreed actions and general absence. | |
| Name of Employee:  (insert name of employee) | Name of Manager:  (insert name of line manager |
| Sign and date | Sign and date |

## Upon completion of the form, the form should be retained locally by the manager and securely stored in the employee’s file, where it can be accessed to monitor any further absences.