

Human Resources

Return to Work Form

This Return to Work Form is designed as a guide for the line manager when meeting with employees on their return to work from sickness absence. The meeting should be informal, polite and relaxed with the manager encouraging discussion; listening as much as talking.

**Employee Name:**

**Post:**

**Department:**

**Date of discussion:**

**Person conducting meeting**

# Absence Details

Date of absence (From and To):

Date of return to work

Did the employee follow the correct absence reporting procedure? (Yes/No):

(if no why not)

Has a USP1 form been completed? (Yes/No):

If absence if more than 7 days has a Doctor’s note been received? (Yes/No):

What was the reason for absence given in initial phone call?

Dates of absence in last rolling 12 month period:

# Questions to ask

1. How are you now?
2. Are you able to carry out your normal hours and duties?
3. What was the cause of your absence?
4. Was the absence related to an accident at work?
5. Was an accident or incident report form completed (if not why not)
6. Did you consult a Doctor or other medical practitioner? (please give details of when)
7. Are you on any medication which may affect your performance?
8. If yes what effect could this have (positive or negatively)
9. Do you require any additional support?
10. Are there any issues which the employee wishes to raise following their recent absence?
11. Managers should give an update to employee on issues affecting department during absence e.g. change of work/staff positions

# Next steps

Has employee met trigger points as outlined in the Sickness Absence Policy below? (Yes/No):

* 3 periods of sickness absence in a 3 month period
* Regular absence on certain days
* A combination of odd days, longer periods and patterns of absence that cause the line manager concern

If yes consider referral to [Occupational Health](https://www.reading.ac.uk/human-resources/working-life/occupational-health/occupational-health-referral) & conducting a formal sickness absence review meeting.

1. Has the employee been made aware of future actions in accordance with the University’s Sickness Absence Policy? (Yes/No):
2. Is a follow up Doctor’s/consultants appointment required? (Yes/No) If so please give details:
3. Does a referral to Occupational Health need to be made?**\*** (Yes/No):

# Summary of action points agreed and any other comments

Review date for agreed action

Employee’s signature Date

Manager’s signature Date

*Please send a copy of the USP1 form to HR Operations so that they can record the employee as having returned to work.*

***\**** *If you wish to make a referral to Occupational Health please discuss this with you HR Partner/Advisor.*

*A copy of this form should be kept on the employee’s personal file held within the School/Directorate.*