

Human Resources



Return to Work Interview Record Form

This Return to Work Interview 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 formal, polite and relaxed with the manager encouraging discussion; listening as much as talking.

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| **Employee Name:** |  |
| **Post:** |  |
| **Department:** |  |
| **Date of discussion:** |  |
| **Person conducting interview** |  |

**Section 1: Absence Details**

|  |  |  |
| --- | --- | --- |
| 1. Date of absence
 | From: | To: |
| 1. Date of return to work
 |  |
| 1. Did the employee follow the correct absence reporting procedure?

(if no why not) |  |
| 1. Has a USP1 form been completed?
 | Yes: [ ]  | No: [ ]  |
| 1. If absence if more than 7 days has a Doctor’s note been received
 | Yes: [ ]  | No: [ ]  |
| 1. What was the reason for absence given in initial phone call?
 |  |
| 1. Dates of absence in last rolling 12 month period
 |  |

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| **Section 2: The interview** |
| 1. How are you now?
 |
| 1. Are you able to carry out your normal hours and duties?
 |
| 1. What was the cause of your absence?
 |
| 1. Was the absence related to an accident at work?
 |
| 1. Was an accident or incident report form completed (if not why not)
 |
| 1. Did you consult a Doctor or other medical practitioner? (please give details of when)
 |
| 1. Are you on any medication which may affect your performance?
 |
| 1. If yes what effect could this have (positive or negatively)
 |
| 1. Do you require any additional support?
 |
| 1. Are there any issues which the employee wishes to raise following their recent absence?
 |
| 1. Managers should give an update to employee on issues affecting department during absence e.g. change of work/staff positions
 |
| **Section 3: Next steps** |
| 1. Has employee met trigger points as outlined in the Sickness Absence Policy:

3 periods of sickness absence in a 3month periodRegular absence on certain daysA combination of odd days, longer periods and patterns of absence cause the line manager concern | Yes | [ ]  | No | [ ]  |
|  | If yes consider referral to Occupational Health & conducting a formal S.A.R |  |
| 1. Has the employee been made aware of future actions in accordance with the University’s Sickness Absence Policy?
 | Yes | [ ]  | No | [ ]  |
| 1. Is a follow up Doctor’s/consultants appointment required if so please give details
 | Yes | [ ]  | No | [ ]  |
|  |
| 1. 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 |  |
| Interviewer’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.*