Logo, company name

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EPM Template

Return to work form

Template Return to Work

|  |  |
| --- | --- |
| **Employee Name** |  |
| **Employee Job Title** |  |
| **Line Manager** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **First Day of Absence** |  |
| **Last Day of Absence** |  |
| **Return to Work Date** |  |
| **Nature of Absence** |  |
| **No. Working Days Absent** |  |
| **Total Absence in Academic Year** |  |
| **Does this sickness absence cause the employee to reach a Sickness Absence Management Trigger? If yes, please select:**   * a total of [7] working days absence within [1] term; or * [3] occasions of absence within [1] term; or * [10] working days’ absence within [3] terms; or * unacceptable patterns of absence | |
| **If the employee is already in the absence management process, has this absence triggered the next stage of the procedure?** *What attendance target had been set at the informal sickness absence meeting, Stage 1 Meeting or Stage 2 Meeting?* | |

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| --- | --- |
| **Details of Return to Work Discussion** | |
| **Agreed Actions:**  *Phased return to work, altered hours, amended duties, consideration of redeployment, workplace adaptations, other reasonable adjustments, risk assessment…* | |
| Is an Occupational Health referral required? | Yes / No |
| Have the Employee Assistance Programme details been shared? | Yes / No |
| **Additional Employee Comments** | | |
|  | | |

Employee Signature………………………………………………………… Date………………………….

Line Manager Signature…………………………………………………… Date………………………….