



Return to Work Interview Record

Name of employee		
Job title		
Name of employee's manager		
Date of return-to-work interview		
Length of employee's absence		
First date of employee's absence		
Date of employee's return to work		
Reason employee gave for absence:		
Did the employee properly notify the employer of his/her absence?	Yes	No
Did the employee consult his/her GP?	Yes	No
Did the GP make any recommendations on a "fit note" as to a phased return to work or potential changes to the employee's hours, duties or to the working environment?	Yes	No
If so, please state what these recommendations were and whether they are thought to be practicable:		
Did the GP recommend on a "fit note" that the employee should be seen by an occupational health specialist?	Yes	No



If so, please explain action to be taken:		
Did the employee indicate that factors at work may have caused or contributed to the absence?	Yes	No
If so, please explain:		
If so, what action is to be taken to support the employee?		
Is this absence part of an overall pattern?	Yes	No
If so, please explain:		
Does the employee have any type of disability?	Yes	No
Any further comments from the manager:		
Signature (manager):		
Date form completed:		