**Return to Work form**

**Name of employee:
Date of return to work:**

|  |  |  |  |
| --- | --- | --- | --- |
| **To be completed by the Line Manager** | **Yes** | **No** | **N/A** |
| Was the sickness absence reporting procedure followed?  |  |  |  |
| Is the member of staff fit to return to work? |  |  |  |
| Has a doctor’s fit note been submitted?(for absences of more than 7 calendar days) |  |  |  |
| Was the absence work related e.g. accident at work or general conditions of work area? |  |  |  |
| Has the absence been recorded accurately on MyHR and the entry shared with the employee to check?  |  |  |  |
| Is a Workplace Health referral required? |  |  |  |
| Is the absence related to a disability or potential disability?If so, put in Comments on the MyHR sickness entry “related to disability”. |  |  |  |
| Are any reasonable adjustments required? |  |  |  |
| If yes, please provide details of what is required, who is to action and a timescale for completion. |
| Is a risk assessment required? |  |  |  |
| If an employee's level of absence reaches 12 or more working days (pro-rata), or 6 or more episodes in any rolling 12 month period (or a single period of four weeks or more (long-term sickness absence), the [Formal Procedures for Managing Sickness Absence](https://www.ucl.ac.uk/human-resources/sickness-absence-policy-appendix-e-formal-procedures-managing-sickness-absence)will be triggered. If the employee is approaching this level of absence, ensure they are aware of this.  Have they been informed? |  |  |  |

Date of meeting:
Name of Line Manager:

Signature:

Signature of member of staff: