**RETURN TO WORK REVIEW RECORD**

**All Employees**

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| **Employee name & ID:** |  | **Date of meeting:** |  |
| **Job title:** |  | | |
| **Name of person conducting meeting:** |  | | |
| **Purpose of meeting:** |  | | |
| **Date last performed duties:** |  | **From:** |  |
| **To:** |  |
| **Number of days off sick:** |  | **Number of episodes of absence:** |  |
| **Have sickness absence issues previously been discussed with the employee in the last 12 months:**  Yes/No  If Yes, provide date and summary of actions agreed: | | | |
| **Specifics of absence(s):**  Identify causes and nature (e.g. work related, underlying medical issue). Identify patterns of absence (shift type/day/correlation with other employees absences) | | | |
| **Remedial actions identified that would provide support attendance:**  Suspend overtime, restrict shift swaps | | | |
| **Referral to Occupational Health required:** |  | | |
| **I certify that I was unable to attend work from:** |  | | |
| **Due to:** |  | | |