

Return to Work Form

Details of Absences			
Employee Name		Job Title	
Managers Name		Date	
1 st Day of Absences		Date Returned to Work	
Number of Working Days Absent			

State briefly why you were absent from the work:

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Absent Reported to		On date	
Via phone/ Text/ Email			

Record of Absence	
Number of days absences in previous 12 months	Frequency of absences in previous 12 months

Return to work discussion	
Manager's Name	Date
Was Correct absence reporting procedure followed?	Yes/No
Has the necessary medical certification been presented	Yes/No

Summary of discussion:

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Any other comments / issued raised:

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Signature (Employee): _____

Date: _____

Signature (Manager): _____

Date: _____