

# Return to Work Form

## Details of Absences

Employee Name		Job Title	
Managers Name		Date	
1 <sup>st</sup> Day of Absences		Date Returned to Work	
Number of Working Days Absent			
Absent Reported to		On Date	
Via Phone Call/ Text/ Email			

## Why you were absent from the work?

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## 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


Signature (Employee): \_\_\_\_\_

Signature (Manager): \_\_\_\_\_