



Return to Work Form

Part 1: Self-Certification (to be completed by employee)

| | |
|--|---|
| Name: | Job Title: |
| 1 st Day of Absence: | Date Returned to Work: |
| Number of working days absent: | Are you: full time / part time * <small>*Delete as appropriate</small> |
| State briefly why you were unfit for work (specify nature of illness or injury. Words like "illness" or "unwell" are not enough) | |
| I reported my absence to: _____ on (date): _____ | |

Signed (employee): Date:

Part 2: Return To Work Discussion (to be completed by manager)

| | |
|--|-------------------------|
| Manager's Name: | Date of RTW Discussion: |
| Has the necessary medical certification been presented? (e.g., where required, a fit note/s) | Yes/No |
| Summary of discussion: | |
| Any other comments or issues raised, and any further action agreed: | |

Signed (employee): Date:

Signed (manager): Date: