

**CONFIDENTIAL**

**Return to Work /Sickness Absence Review Meeting Form**

**This form is for use when an employee returns from a period of sick leave or for a sickness absence review meeting if a trigger has been met.**

<b>Employee Name:</b>	
<b>Interviewing Manager:</b>	
<b>Date of Meeting:</b>	
<b>Details of Sickness Absence</b>	
<b>Period of current and recent absence</b> (Note the no. of days' absence due to sickness during the previous 12-month period as well as the current/most recent period of absence. Days and number of absence periods will be noted, where applicable.)	
<b>Reason(s) for recent period of absence</b>	
<b>Is absence related to a known or possible disability as defined under the Equality Act?</b>	No Yes (Give details)
<b>Has there been consideration of whether the trigger point for a review meeting should be extended, or if the application of the sickness absence policy could be modified?</b>	No Yes (Give details)
<b>Is there a GP Fit Note or other medical evidence to confirm a medical condition?</b>	No Yes (Give details)

<b>Details of Meeting</b>	
<b>Key Agenda Items</b>	
<b>Reason(s) for Absence / Health issues</b> (inc. if there is an underlying health condition)	
<b>College updates: to include, where applicable, information on any changes, the operational impact of their absence, what support will be provided to help them reintegrate.</b>	
<b>Fit to resume full duties as outline in job description?</b>	<b>No</b> <b>Yes</b> <b>(Give details)</b>
<b>Action Plan</b>	
<b>Supportive measures e.g. OH, therapeutic visits, Wellness Action Plan, Risk Assessment, phased return (inc. reduced hours on a temporary or permanent basis), redeployment, counselling, training, changes to working practices.</b>	
<b>What steps are they taking to address health issues e.g. acting on medical advice, lifestyle adjustments.</b>	
<b>Review Period &amp; Next Steps</b>	
<b>Is a review period required to monitor attendance over a defined period?</b>	<b>No</b> <b>Yes</b> <b>(If yes, state how long the review period will be and when further review meetings will be held.)</b>
<b>Any Other Business / Comments?</b>	
<b>Copy of Sickness Absence Management Policy given to Employee?</b>	<b>No / Yes</b>
<b>Signature of Interviewing Manager:</b>	
<b>Date:</b>	
<b>I confirm I have received a copy of these notes and agree they are an accurate reflection of our discussion:</b>	
<b>Signature of Employee:</b>	
<b>Date:</b>	

A copy of these notes should be kept on the employee's file.