

Managing Attendance - Return to Work Interview



Section 1 To be completed by Line Manager

Employee's Name	Department	Staff Number

Information about the absence

Message Received From		Date & Time of Message
Employee <input type="checkbox"/>	Other Individual (please state)	Date ___ / ___ / ___ Time ___ : ___ am/pm

Anticipated Return to Work		Contact Details
Not Known <input type="checkbox"/>	Date of Return ___ / ___ / ___	Contact Telephone Number for Employee

Section 2 To be completed by employee on their return to work

When did your sickness begin? (this may be a non-working day)	Day of Week	Date
		___ / ___ / ___

On what day did your recover? (this may be a non-working day)	Day of Week	Date
		___ / ___ / ___

When did you return to work?	Day of Week	Date
		___ / ___ / ___

2.2 Duration of your Absence

Were you ill for longer than 7 calendar days?

No —————> Continue to Section 2.3 below

Yes Have you provided a Medical Certificate? Yes No

If you have not provided a Medical Certificate you are in breach of the Managing Attendance Procedure and you should refer to section 2.5 of the procedures.

2.3 Nature of your Illness (Use this section to give a brief description of the reason(s) for your absence)

2.4 Was your absence caused by an accident at work?

No —————> Continue to Section 3

Yes —————> Complete an accident report form Accident Report forms are available from your line manager and can also be accessed from the Council's intranet.

Section 3 To be completed by line manager and employee

Details of employees absences over last 12 months, most recent absence first:.

From	To	No. of Days	Reason for Absence

3.1 Absence Discussion

Actions to be taken by employee:

Actions to be taken by line manager:

Section 4 Next Steps

Managing Attendance Procedures Discussed? Yes No

Is the employee's attendance currently being managed under the Attendance Management Procedures, or does this most recent absence require it to be?

No Yes If yes at what stage? Stage 1 Stage 2 Stage 3

The consequences of further absences may result in:-

Section 5 - To be complete by employee

I declare this is a full and accurate account explaining the reason for my absence. I understand the consequences of further absences as explained in Section 4.

I understand that disciplinary action may be taken against me if the information given by me during this interview is found to be false.

Employee's Signature _____ Date ____/____/____

Line Manager's Signature _____ Date ____/____/____