

RETURN TO WORK INTERVIEW (RTWI) FORM

| | |
|---------------------------------------|-----------------|
| Name of Employee: | Service: |
| Job Title: | Date: |
| Manager or Approved Designate: | |

Section 1 – Sick Absence Details

| |
|--|
| 1. Date of Return to Work: |
| 2. Dates of Sick Absence: From: _____ To: _____ Total Hours Lost: _____ |
| 3. Reason for Sick Absence: |
| 4. Is the employee fit and/or certified to resume normal duties: Yes/No (please circle answer) |
| 5. Did the employee follow the correct sick absence reporting procedures: Yes/No (please circle answer) |
| 6. Total Sick Absence Record Over Last 12 Months: (including this period of sick absence) <div style="display: flex; justify-content: space-between;"> Number of occurrences: _____ Total Hours Lost: _____ </div> |

Section 2 – Return to Work Interview

| |
|--|
| Issues to Address & Employee Response |
| <ul style="list-style-type: none"> How are you feeling now? Do you feel that you are in a position to carry out your normal hours & duties? |
| <ul style="list-style-type: none"> Did you seek medical attention for your sick absence? |
| <ul style="list-style-type: none"> What was the possible cause of your sick absence? What action have you taken to avoid any similar future occurrence? |
| <ul style="list-style-type: none"> Are you on any medication that may affect your performance? |
| <ul style="list-style-type: none"> Do you feel that there is anything that the organisation can do to support you upon your return to work? |
| <ul style="list-style-type: none"> Are there any issues that the organisation should be aware of while you were absent/any issues you wish to raise? |

Section 3 – Next Steps

Summary of Action Points Agreed (if applicable) & any other comments:

Is the employee currently under absence monitoring?

Yes/No (please circle answer)

Review Date for Agreed Actions:

Section 4 – Signatures

Employee Signature:

Date:

Manager or Approved Designate Signature:

Date:

Line Manager or Approved Designate:

1. Please file this form on the employee's personnel file. Please note that the information contained on this form is likely to be considered as sensitive data and as such needs to be treated on a strictly confidential basis. It is required that the information captured on this form be kept in a secure location.
2. Ensure that payroll have been informed of the sick absence dates and number of hours.