

**RETURN TO WORK INTERVIEW RECORD**

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| --- | --- |
| **First name(s):** | **Surname:** |
| **School/Service:** | **Date of return to work interview:** |
| **Line Manager:** | **HR Service Representative:** |
| **Dates of Absence:** | **Reason for Absence:** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Occupational Sick Pay:** |  | | **Full Pay:** | 🖵 | **Half Pay:** | 🖵 | **Return to Payroll:** | 🖵 | |
| **Outstanding Medical Documentation:** |  | | **Yes:** | 🖵 | **No:** | 🖵 |  |  | |
| **Final Fit note Received** |  | | **Yes:** | 🖵 | **No:** | 🖵 | **Date:** |  | |
| **GP Recommendations:**  . | | | | | | | | | |
| **Occupational Safety & Health (OSHU) Referral:** |  | | **Yes:** | 🖵 | **No:** | 🖵 | **Date of Appointment:** | |  |
| **OSHU Recommendations** | | | | | | | | | |
| **Access to Counseling Support:** | |  | **Yes:** | 🖵 | **No:** | 🖵 | N/A | |  |
|  | |  | **EAP:** | 🖵 | **OSHU:** | 🖵 |  | |  |
| **Sports and Spinal Injury Clinic (SSIC) Referral:** | |  | **Yes:** | 🖵 | **No:** | 🖵 | **Date of Appointment:** | |  |
| **SSIC Recommendations:** | | | | | | | | | |
|  | | | | | | | | | |
| **Details of agreed Return to Work Action Plan (to include duration of adjustments):** | | | | | | | | | |

Signed…………………………………………………………………………………………………………………….

(Employee)

Signed…………………………………………………………………………………………………………………….

(Line Manager)

Date……………………………………………………………………………………………………………………….