

RETURN TO WORK INTERVIEW RECORD

First name(s):	Surname:
Department:	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:**

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.....