



RETURN-TO-WORK INTERVIEW FORM

A return to work interview is usually held if a member of staff has had 3 separate episodes of sickness absence within a 6 month period. The interview should take place as soon as possible upon their return to work from the last period of absence. This form should be completed and signed by both the member of staff and line manager and returned to the Human Resources Department. A copy will be held on the member of staff's personal file.

Further guidance on undertaking return to work meetings can be obtained from the Human Resources Department.

Employee Details

Name: Job Title:

Department:

Absence Details

Sickness absence over the past 6 months:

| From | To | Reason for Absence (please see list overleaf) |
|------|----|---|
| | | |
| | | |
| | | |

Interview

Date: Line Manager conducting interview:

1. Was medical advice sought for the most recent period of absence and for the previous absences detailed above?
2. Are any follow up medical appointment needed?
3. Is a self certificate or medical certificate required?
4. Was medication prescribed for the above periods of absence?
5. Is any medication being taken at present?
6. If yes, could this medication affect the ability to operate machinery or cause drowsiness?
7. Has the member of staff fully recovered?

8. Are there any on-going health conditions that the College should be aware of?
9. Is any support required?
10. Is there anything else related to the periods of absence that the College should be aware of for the future?
11. Might a referral to the College's Occupational Health Doctor be required?
(If yes, please contact your Human Resources Officer)
12. Is the member of staff aware of the sickness reporting procedure?
13. Has the employee received a copy of the College's Absence Management Policy and Procedure?

Conclusions arising from the interview and any further action to be taken

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Signatures:

Signed: Date:
Member of staff

Signed: Date:
Line Manager

Reasons for Sickness Absence Categories:

| SICKNESS CODE | SICKNESS CATEGORY | EXAMPLE |
|---------------|---------------------------|---|
| C | Cancer | |
| DD | Digestive disorder | Diarrhoea, IBS, gallstones, chrohn's disease |
| E | Endocrines | Thyroid, diabetes, glands |
| G | Gynaecology | Hysterectomy, painful periods, cervical screening |
| HD | Heart disease | Hypertension, congenital heart disease |
| I | Infections | Influenza, respiratory infection |
| MH | Mental Health | Depression, anxiety, stress related illness, addictions |
| MAI | Minor ailments/illness | Coughs, colds, headaches, toothache |
| MJB | Muscles, joints & bones | Broken bones, back pain, carpal tunnel syndrome |
| PSR | Post surgery recovery | |
| PRI | Pregnancy related illness | |
| IW | Injury at work | |
| O | Other – please specify | |

If you are uncertain what category to use please contact the Human Resources Department