Return to Work Form

Name					
Department					
This Form must be completed after any period of absence other than holiday. Employees must complete ALL questions marked in bold type.					
Date(s) of absence					
First date of absence:					
Last Date of absence:					
Return to work date:					
Total number of working days absent:					
Contacting the company					
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Did you contact the company at the commencement of your absence?					
Who did you speak to?					
What time did you contact the company?					
Reason for absence?					
Did the employee properly notify the employer of his/her absence?			Yes	No	
Did the employee consult his/her GP?			Yes	No	
Did the employee indicate that factors at work may have caused or contributed to the absence?			Yes	No	
If so, please explain:					
If so, what action is to be taken to support the employee?					



Is this absence part of an overall pattern?			No	
If so, please explain:				
Does the employee have any type of disability?			No	
Any further comments from the manager:				
Employee Signature:	Date:			
Limployee Signature.	Date.			
Manager's Signature:	Date:			
rialiagei 9 Signature.	Date.			

For Office Use Only

Number of authorised absence days this year:	Number of unauthorised absence days this year:
Is further investigation necessary?	Did employee follow the correct absence procedure?

