



Return to Work Form

Part 1: Self-Certification (to be completed by employee)

Name:	Job Title:
1 st Day of Absence:	Date Returned to Work:
Number of working days absent:	Are you: full time / part time * <small>*Delete as appropriate</small>
State briefly why you were unfit for work (specify nature of illness or injury. Words like "illness" or "unwell" are not enough)	
I reported my absence to: _____ on (date): _____	

Signed (employee): Date:

Part 2: Return To Work Discussion (to be completed by manager)

Manager's Name:	Date of RTW Discussion:
Has the necessary medical certification been presented? (e.g., where required, a fit note/s)	Yes/No
Summary of discussion:	
Any other comments or issues raised, and any further action agreed:	

Signed (employee): Date:

Signed (manager): Date: