

## Appendix D Return to Work Discussion Form

**Important – please read**

This form should be completed during the return to work meeting on the employee's first day back at work for **ALL ABSENCES DUE TO SICKNESS**. Once complete the manager email it to the HR and Payroll inbox.

Employees Details	
Employees FULL name	
Job Title	
School	

Managers Details	
Name of the manager completing the form	
Date of the meeting	

	Day	Date
Date last worked		
Date fit to resume work		

Employees Comments

Managers Comments

Agreed Actions e.g. details of phased return/reasonable adjustments etc.

	Date
Employees signature:  (I declare that the information I have provided is accurate and I understand that any deliberate falsification may result in disciplinary action)	
Managers signature:	