

RETURN TO WORK PLAN

The purpose of a phased return to work is to support your rehabilitation to your full duties and build you back up to undertaking your normal working hours within the agreed timescale.

For completion by the Manager.

PERSONAL DETAILS	
Name: Dept/Board/ Office:	Job Title: Manager
Normal contractual hours:	
ABSENCE DETAILS	
Absence Start Date:	
Brief outline of reasons for absence:	
Date of Occupational Health Report/ Doctor's Sick Note:	
PHASED RETURN TO WORK PROGRAMME	
Agreed Period of Phased Return: weeks (not more than 6 weeks)	
Start Date:	End Date:
CONCLUSION OF PHASED RETURN TO WORK	
Name: Returned to full hours and duties / reverted to sick leave* on (date)	
*Delete as appropriate	

- Copy to:
- Scan and email copy of this page to OHR Absence Team (absence@gov.im) upon start and conclusion of phased return period to open and close Oracle phased return record.

ATTENDANCE PATTERN

(Phased returns may be any length of time from one week up to a maximum of six weeks)

Week	Mon	Tue	Wed	Thu	Fri	Sat	Sun
1							
2							
3							
4							
5							
6							

DUTIES TO BE PERFORMED /DETAIL TEMPORARY ADJUSTMENTS TO DUTIES (IF APPLICABLE)

RESTRICTIONS (IF ANY) - INCLUDE NOTE OF PERSONAL EMERGENCY EVACUATION PLAN IF REQUIRED

ADDITIONAL COMMENTS

Date of Formal Review Meeting/s:

I confirm my agreement to the above arrangements:

Employee	Date
Manager	Date

Copies to:

- Employee and manager
- OHR - Relevant BP or HR Advisor