

## 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.

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

<b>ATTENDANCE PATTERN</b>
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(Phased returns may be any length of time from one week up to a maximum of six weeks)

<b>Week</b>	<b>Mon</b>	<b>Tue</b>	<b>Wed</b>	<b>Thu</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							

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