

RETURN TO WORK MEETING RECORD

This form must be completed and retained by the manager/supervisor.

Name:		Ref:
Was the sickness absence caused by an injury/accident at work?		YES/NO
If the answer is YES	<ul style="list-style-type: none"> Ensure compliance with the accident reporting procedures for your area eg. Complete an accident on duty form. (Tick box to confirm) 	
	<ul style="list-style-type: none"> Was the member of staff unfit for work for more than 3 days? (Include weekends/public holidays/rest days, but exclude day of accident) 	YES/NO
	<ul style="list-style-type: none"> This needs to be reported under RIDDOR (See 4.2 iv) (Tick box to confirm) 	
Documents to be completed and submitted for processing sickness absences:		Tick Box
Individual to complete Sickness Declaration Form – ALL ABSENCES		
Medical Certificate (sick note) – ABSENCES OF 15 OR MORE DAYS (Medical certificates must be provided to the employees manager and the certificate recorded in PiP against the employee’s sickness absence record).		
Incapacity Benefit - Where the length of absence has resulted in the employee going onto half pay or nil pay, an Incapacity Benefit Claim form (SC1) must be completed and returned to The Incapacity Benefit Team, 1st Floor Markwell House, Market Street, Douglas IM1 2RZ		

Discussion:	Tick Box
Welcome the member of staff back to work and explain the purpose of the meeting:	
Discuss the absence and inform the member of staff that the absence will be recorded and monitored:	
Ask whether he/she has consulted a Doctor/attended hospital and whether the advice given is being followed	
If there is a target for sickness absence in place, remind the member of staff about it and what might happen next	
Discuss whether there are any other work or domestic problems the member of staff wishes to raise	
Discuss whether an Occupational Health referral might be of benefit or whether any other support such as counselling, is appropriate	
Update on any developments during the absence	
Comments/Issues Raised:	

Follow up Action Plan:

Signature of Manager:

Date: