

**PEMBROKE COLLEGE - RETURN TO WORK INTERVIEW**

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| A “Return to Work Interview” must be conducted after **EVERY** absence and must be completed on the **first day back at work** by the Head of Department/Supervisor. It should be a private and confidential meeting, informal structure and factual. It should be carried out in a supportive and positive way. |

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| **Employee Name:** |  | | |
| **Department:** |  | | |
| **Period of Absence** | **From:** | | **To:** |
| **Number of working days lost:** | |  | |
| **Number of occasions in year:** | |  | |
| **Cumulative absence over last 12 months** | |  | |

NOTES TO BE COMPLETED BY HEAD OF DEPARTMENT/SUPERVISOR (continue overleaf)

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| Did the employee follow the correct reporting procedure? | YES NO |
| Was a Fit Note required? | YES NO  Has this been provided? YES/NO |
| **Was a Self Certification form completed** | YES NO  Has this been provided? YES/NO |
| **Give brief description of the reason for the absence. Include diagnosis/recommendations from GP/Consultant and any further absence which may be required for ongoing treatment:** |  |
| Is the employee taking any medication which may affect his/her ability to do their job? | YES NO  If Yes give more details: |
| **Is the employee’s view that their absence was caused by a work-related injury or**  Illness? | YES NO  If Yes complete the following:   |  |  | | --- | --- | | Date of accident? |  | | Accident/incident form completed? |  | | Did you consult the College Nurse? |  | |

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| **Update the employee on what has happened during their absence** |

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| **FOLLOW-UP ACTION**  Specify any targets or actions agreed including review date (include this if applicable: |

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| **Employee (Print Name)** |  | **Signature:** |
| **Completed by (Print Name)** |  | **Signature:** |
| **Date:** |  | |

***The Head of Department should keep a copy of this form and give the original to HR***