

**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 NOHas this been provided? YES/NO |
| **Was a Self Certification form completed** | YES NOHas 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 NOIf Yes give more details: |
| **Is the employee’s view that their absence was caused by a work-related injury or**Illness? | YES NOIf Yes complete the following:

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| --- | --- |
| 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***