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| **Return to Work Interview Form** | | | | | | | | | | | | | | | | |
| Employee Full Name | | | |  | | | | | | Payroll No. | | |  | | | |
| Employee Job Title | | | |  | | | | | | | | | | | | |
| Absent From | | | |  | | | | Absent To | | |  | | | | | |
| Date Returned to Work | | | |  | | | | | | | | | | | | |
| Managers Name | | | |  | | | | | | | | | | | | |
| **Preparation and What we expect as an organisation** | | | | | | | | | | | | | | | | |
| **Preparation for Discussion** | | **What you can expect.** | | | | | | | | | | | | | | |
| **For the Manager** | | The Manager will arrange for the Return to Work interview to take place as soon as possible after the employee has returned to work. The Manager will ensure they have the correct information available, including the Absence Dashboard and any patterns of absence.  The purpose of the return to work meeting is to determine the cause of absence. You should listen to the employee and make a note of what is being said. Each aspect will be covered below but be prepared to ask the necessary questions, which may be difficult. Be sensitive, and understanding and remember that this is not a disciplinary process. If necessary, challenge the information you are being provided with appropriate questions. | | | | | | | | | | | | | | |
| **For the Employee** | | The purpose of the return to work meeting is to determine the cause of your absence. The Manager will listen to what you have to say and will ask appropriate questions. The Manager is there to assist you, and together you can discuss what help and support can be offered to you in the work place to avoid any further absences. You have an obligation to be open and honest with your Manager throughout this process. | | | | | | | | | | | | | | |
| **Discussion Notes** | | | | | | | | | | | | | | | | |
| **1** | What was the reason for your absence from work? | | | | | |  | | | | | | | | | |
| **2** | Are there factors contributing to your absence from work? Include anything at work, home or medical or illness. | | | | | |  | | | | | | | | | |
| **3** | Are there any reasonable adjustments identified within the first 4 weeks which have facilitated the return to work? | | | | | | | | | | | | | **Yes** | | **No** |
| **4** | Does the employee require reasonable adjustments which would exceed the initial four week period? If yes please detail: | | | | | | | | | | | | | **Yes** | | **No** |
| **5** | Has the Employee identified this absence as disability related? If yes please detail how the absence is related? | | | | | | | | | | | | | **Yes** | | **No** |
| **Manager to note: If no. 5 above is Yes, please ensure the absence on Trent is recorded as Disability related.** | | | | | | | | | | | | | | | | |
| **7** | Is it appropriate to complete a Stress Questionnaire at this time? | | | | | | | | | | | | | **Yes** | | **No** |
| **8** | Is a referral to Occupational Health for medical advice appropriate in the circumstances?  **NB. Not all sickness absences require a referral to Occupational Health.**  Mental Health and wellbeing should be supported through resources on the Denbighshire website:  <https://www.denbighshire.gov.uk/en/jobs-and-employees/my-employment/mental-health-wellbeing/mental-health-and-wellbeing.aspx>  Physiotherapy referral process for managers can be found on LINC under Occupational Health. | | | | | | | | | | | | | **Yes** | | **No** |
|  | |  |
| **9** | Does the employee consider they are fit to return to work? | | | | | | | | | | | | | **Yes** | | **No** |
| **10** | Does the manager consider that the employee is fit to return to work? If not please contact Occupational Health / HR to discuss. | | | | | | | | | | | | | **Yes** | | **No** |
| **11** | Did the employee notify their manager in accordance with the Attendance at Work Procedure? If not, please detail what the issue was: | | | | | | | | | | | | | **Yes** | | **No** |
| **12** | Did the employee maintain appropriate contact throughout the period of absence? | | | | | | | | | | | | | **Yes** | | **No** |
| **13** | Did the manager maintain appropriate contact throughout the period of absence? | | | | | | | | | | | | | **Yes** | | **No** |
| **Triggers, Indicators and Attendance Management** | | | | | | | | | | | | | | | | |
| **Please list all absences, including dates and days lost within the last 12 months** | | | | | | | | | | | | | | | | |
| Absence Date | | | | | Absence Days lost | | | | Reason | | | | | | | |
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| **Has the employee met any of the following triggers?** | | | | | | | | | | | | | | | **Tick** | |
| 3 separate sickness absences of any duration in a three month period. | | | | | | | | | | | | | | |  | |
| 5 separate sickness absences in a 12 month period | | | | | | | | | | | | | | |  | |
| A total of 12 days absence in a 12 month period (pro rata for part time employees) | | | | | | | | | | | | | | |  | |
| A pattern of absence that causes concern (i.e. regularity, day of the week or type of absence) | | | | | | | | | | | | | | |  | |
| Single episode of 4 continuous weeks or more. | | | | | | | | | | | | | | |  | |
| No triggers met | | | | | | | | | | | | | | |  | |
| **If any of the above are ticked, the manager will arrange a formal absence review meeting.** | | | | | | | | | | | | | | | | |
| Attendance at Work Procedure – copy given to employee, and a discussion about what this means. | | | | | | | | | | | | | | |  | |
| Formal absence review meeting has been arranged for : | | | | | | | | | | | | | | |  | |
| **Follow Up / Actions** | | | | | | | | | | | | | | | **Completed** | |
| Reasonable Adjustments Questionnaire (if applicable) | | | | | | | | | | | | | | |  | |
| Stress Questionnaire (if applicable) | | | | | | | | | | | | | | |  | |
| Occupational Health referral (if applicable) | | | | | | | | | | | | | | |  | |
| Details of support offered, to include timescales for that support and any review dates | | | | | | | | | | | | | | |  | |
| Have all stages been recorded in iTrent (People Manager) i.e. absence meetings, referrals, return to work meetings? | | | | | | | | | | | | | | |  | |
| Copy of completed Return to Work Form to be sent to employee by manager (if requested) | | | | | | | | | | | | | | |  | |
| Any further comments: | | | | | | | | | | | | | | | | |
| **I understand that the information contained within this return to work interview form will be used for the purpose of recording and monitoring attendance at work.** | | | | | | | | | | | | | | | | |
| Manager Signature: | | | | | | | | | | | | Date: | | | | |
| Employee Signature: | | | | | | | | | | | | Date: | | | | |
| Copy sent to HR | | | Date: | | | Manager must enter Return to Work Interview date onto People Manager (iTrent) | | | | | | | | Date: | | |

Managers are to ensure that they have input the **Return to Work Interview completion date in iTrent**, which can be found under stages in People Manager. Details on how to do this can be found here: <https://www.denbighshire.gov.uk/en/documents/hr-system-guides/itrent/absence/how-to-enter-a-return-to-work-interview-details.docx>

A copy must be sent electronically to Human Resources at [hrdirect@denbighshire.gov.uk](mailto:hrdirect@denbighshire.gov.uk) for the employee file.