

# Return to Work Interview

Name: .....

Department/ Location: .....

Line Manager:

First Day of Absence: _____	Last Day of Absence: _____
Total Number of days absent: _____	Total Number of days off work: _____
Is absence due to an injury at Work? YES / NO	
Have you seen a doctor? YES / NO	
Did you follow the company procedure relating to the notification of absence? YES / NO	

**Reason for absence**

(Please give a brief description of the illness or other reason for absence)

**Action Taken**

(Please give a brief description of any action taken to date)

**Proposed Course of Action**

I understand that if I knowingly provide inaccurate or false information regarding my absence it may result in disciplinary action.

**Employees Signature:**

**Managers Signature:**

**Date:**

Please indicate the number of hours that the employee would have worked if not absent.

	SUN	MON	TUES	WED	THURS	FRI	SAT
<b>Week 1</b>							
<b>Week 2</b>							
<b>Week 3</b>							
<b>Week 4</b>							