Sickness Absence Management Policy
Return to Work Meeting

This form should be used for all employees returning from a period of sickness to record any discussion between the employee and the Nominated Person*.

Name: ……………………………………Nominated Person: ……………………………………

Period of Sickness Absence: From: ………………… To:……………………

Length (Total No of Days): ……………………………………

Any temporary or permanent adjustments discussed or required?

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

Any further support required? Y/N

(If ‘Yes’ please give more details)

…………………………………………………………………………………………………………

…………………………………………………………………………………………………………

Signed: …………………………………… Date: ……………………………………

This form will be kept confidentially by the Nominated Person.

*Nominated Person refers to Heads of Departments/Schools or other senior nominated person.