Record of Phased Return Plan

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| **PERSONAL DETAILS** |
| Employee Name: | Employee Job Title: |
| Normal Working Location: | Normal Contractual Hours: |
| **ABSENCE DETAILS** |  |
| Absence Start Date: | Date of OH Report/Fit Note: |
| Reason for Absence: |
| Brief Summary of OH/GP Recommendations: |
| **PHASED RETURN PLAN** |
| Phased Return Start Date: | Phased Return End Date: |
| **WORK PATTERN** |
| Week | Mon | Tue | Wed | Thurs | Fri | Sat | Sun |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| If you require an extension to the normal maximum 4 weeks, please attach a new form |
|  |
| **ADDITIONAL COMMENTS** |
|  |
|  |
| Signed (Employee) |  | Date |
| Signed (Manager) |  | Date |