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 | | |