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| **Return to Work Discussion Form**  Appendix 1  Appendix 1 |
| A Return to Work Discussion (RTW) must:   * Take place between the employee and their line manager for every occasion of sickness absence, regardless of duration of absence. * Take place on the first day back at work, or as soon as practical. * Be a face to face discussion wherever possible.   Some Council working arrangements make it difficult to achieve the above standards, for example where employees work remotely. In these exceptional circumstances the line manager may have to delay the RTW contact or seek an alternative way of meeting the RTW requirements. |
| **What to discuss**  • Establish the reason for the employee’s absence and ensure that the employee is fit to resume work.  • Indicate your concern and interest in the welfare of the employee.  • Check the employee has complied with the notification and certification rules and if not, decide what action needs to be taken.  • Explain both the line manager’s and employee’s role in the procedure.  • Identify if there is any need for counselling, guidance or other support.  • Discover if there are any work-related factors affecting attendance.  • Confirm the absence trigger levels and ensure the employee understands how the Supporting Attendance and Wellbeing policy applies to them and what may occur if there is further absence.   |  |  |  | | --- | --- | --- | | **Absence over a rolling reference period of:** | **Total Days Lost to sickness absence** | **Number of separate occasions** | | 12 months | 10 days | 3 occasions | |

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| **1. Employee details** | | | | | | | | | | | |
| **First Name:** | …………………………………….. | | | | | | **Surname:** | ………………………………... | | | |
| **Job Title:** | …………………………………….. | | | | | | **Employee No:** | | | ………………………… | |
| **Team:** | …………………………………….. | | | | | | **Cluster/Function:** | | …………………………… | | |
|  | | | | | | | | | | | |
| **2. Sickness absence details** | | | | | | | | | | | |
| **Start date of absence:** | | | …………………… | | **End date of absence:** | | | | | | ……………………… |
| **Number of working days:** | | | | …………………… | | | | | | | |
| **Reason for absence:** | |  | | | | | | | | | |
| **Absence reported in line with procedure?** | | | | | | **Yes**  **No** | | | | | |

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| --- | --- | --- | --- | --- |
| **Fit Note provided?** | **Yes** | **No** | **Not required**  **(absence less than 8 days)** | |
| **If NO what action was taken?** | | | | |
| **Has employee passed an absence trigger?** | | | **Yes** | **No** |
| **Has employee’s absence been closed on the HR/Payroll system?** | | | **Yes** | **No** |

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| **3. Discussion with employee (if first absence explain absence triggers)** | | | | | | | |
| **Reason for absence** | | | | | | | |
|  | | | | | | | |
| **Was absence related to an industrial injury/industrial disease?** | | | **Yes** | | | **No** | |
| **Was absence related to pregnancy?** | | | **Yes** | | | **No** | |
| **Note any issues that the employee raised during the RTW discussion** | | | | | | | |
|  | | | | | | | |
| **Improving attendance - Are there any adjustments to workplace/hours/duties which could be made to avoid future absence, or other measures to improve attendance?** | | | | | | | |
|  | | | | | | | |
| **Is referral to occupational health required?** | | **Yes** | | | **No** | | |
| **Has the employee been informed that future sickness absence may start the formal procedure?** | | | | | **Yes** | | **No** |
| **Manager or Supervisor** | | **Employee** | | | | | |
| **Signature** |  | **Signature** (where practical) | |  | | | |
| **Date** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Date** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **4. Next steps** | | | | | | | |
| **What happens next?**   * Provide employee with a signed copy of the form * Forward a copy of the form to the HR Service Centre for the employee’s personal file | | | | | | | |