Workforce Attendance Policy Return to work discussion form



For more information about the return to work discussion please see <u>Attendance Policy: guide for managers</u>¹.

Discussed and agreed supportive action

Section 1: Pe	ersonal details	
Name		Payroll number
Job title		Department
Section 2: A	bsence details	
Date of return to work discussion (dd/mm/yyyy)		Absence Start Date (dd/mm/yyyy)
Date back on shift / roster (dd/mm/yyyy)		Absence End Date (dd/mm/yyyy)
Did this absen	ce last 7 or more calend	ar days?
yes	no	
If lasted more	than 7 calendar days, w	as the required certification received?
yes	no	
Reason for ab	sence	
Was the abser yes	nce work-related	

	yes	no
		ecommendations discussed and / or agreed no agreement reached and reasons why)
Refe		S agreed, if appropriate
	yes erral to oth ese specify)	er forms of support
Have		reporting / certification procedures been followed?
lf no	yes , why wer	e procedures not followed?
Has	the emplo	yee reached a trigger point?
	yes	no
Sum	mary of ot	ther outcomes of discussion
Any	other rele	vant information?

If a medical certificate was provided are there any adjustments recommended?

Employee	signature
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Manager signature

Date completed (dd/mm/yyyy)

All Return to Work discussions will be recorded on the appropriate information system e.g. eESS Manager Self Service.

For digital signature functionality, please open this form in Adobe Acrobat. Viewing this form in a browser may not support signature features.

1. Attendance Policy: Guide for managers https://workforce.nhs.scot/supporting-documents/guide/attendance-policy-guide-for-managers