

RETURN TO WORK FORM

Staff member's name:

Section Head:.....

I was ill/absent from (date) to (date)
because (give details, symptoms, etc.)

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I returned to work on (date)

Signed Date

Section Head's comments

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Action to be taken (e.g. date of review meeting, referral to Occupational Health, special leave, provision of special equipment etc.)

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Signed Date

**This form should be kept confidentially by the Section Head
with other records relating to the member of staff**