

SELF CERTIFICATE/RETURN TO WORK INTERVIEW FORM

Employee Name:

Service:

Date of Interview:

I was unable to attend work due to: Sickness

 Injury at Work

 (Other Please Specify)

Did you phone in: Yes / No [please circle]

If yes, who did you report your absence to:

If no, why not:

.....

First Date of Absence:

Last Date of Absence:

Number of days Absent:

If you had to leave work early: What time did you leave work? am/pm

What time were you due to finish work? am/pm

Details of Sickness/Injury:

.....

.....

.....

Did you attend your GP/Hospital? Yes / No [please circle]

Declaration – I declare that the information that I have given is correct, and I understand that any attempt to give false information could lead to disciplinary action being taken against me.

SignedDate.....

RETURN TO WORK MEETING

<p>Following greeting the employee back to work, discuss the reason for the absence and find out if there are any support measures required for ELCAP to provide?</p> <p>Comments:</p> <p>Employee Counselling Service: Yes/No</p> <p>Occupational health Physician: Yes/No</p> <p>Other: Change to Work Yes/No</p>
<p>If multiple absence with the same illness, has this been identified and is the employee's GP referring them to specialist treatment or would it be of benefit for ELCAP to refer?</p> <p>Comments:</p>
<p>Are there any anxieties about the employee returning to work, and if so, how can the manager/employee work together to alleviate them (e.g. extra supervision, light duties etc)</p> <p>Comments:</p>
<p>Any Further Action required:</p> <p>Action Plan:</p>
<p>Identify with employee if ELCAP procedures have been followed:</p> <p>Personally informing Manger/Team of illness within agreed timescale Yes/No</p> <p>Sending in sick lines in agreed timescale Yes/No</p> <p>Keeping in touch with the Manager/Team at agreed intervals Yes/No</p> <p>Remind staff that failure to follow the correct procedure could impact on Occupational Sick Pay.</p> <p>Comments:</p>
<p>Confirm in total, how many days was the employee absent during this period of absence _____ days</p> <p>How many occasions of absence have there been within the past 12 months?) _____ Occasions totalling _____ days. Your Bradford Factor score = _____ points.</p> <p>Please advise employee that a Bradford Factor score of over 135 within a 12-month period requires the manager to formally meet with the employee to discuss level of absence, and may result in employee being referred to ELCAP's Occupational Health Physician if Stage 2 is reached.</p>

Employee Name (**Block Capitals**)

Employee Signature: Date

Line Manager Signature Date

Once completed, this form should be returned to the Human Resources Department within 3 days of returning to work.