**RETURN TO WORK INTERVIEW**

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| **Employee Name:** |  |
| **Employee Job Title:** |  |
| **Line Manager Name:** |  |
| **Date of RTW Interview:** |  |

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| Section One: Absence Details | | | | | | |
| 1. Date of return to work: |  | | | | | |
| 2. Dates of absence: | First Day: |  | Last Day: |  | Hours lost: |  |
| 3. Reason for absence: |  | | | | | |

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| Section Two: Return to Work Interview |
| 1. **Welcome back and check-in:**  * How are you feeling today? * How are you adjusting back to work? |
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| 1. **Understanding the absence** *(This section will vary depending on the nature of the absence. The aim is to check in without making the employee feel interrogated.)*  * Can you briefly share what caused your absence? (only if the employee is comfortable sharing). * Have you had a chance to check in with a healthcare professional? |
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| 1. **Wellbeing and care:**  * Do you feel ready to resume your full duties, or would a phased return be more comfortable for you? *(If phased return is needed, please agree on a plan and timeline!)* * Can you share with me whether you are taking any medications? If so, do you think its potential side effects could affect your performance or ability to drive? |
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| 1. **Work updates** *(This is a chance for managers to update the employee on key developments during their absenc*e):  * Here’s what has happened while you were away (team updates, changes, etc.)! * Is there anything specific you need to catch up on? |
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| 1. **Confidentiality and privacy:**  * Is there anything you would like to keep private or not share with the team? * Would you like to share anything with your colleagues regarding your absence? (This could be something as simple as letting them know you are back or that you're working through something and may need time or support.) |
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| 1. **Moving forward:** Remember, “*We are in this together”* – please let us know if there’s anything we can do to help you feel supported.  * Do you feel ready to resume all aspects of your role, or would you like a phased return (adjustments in hours, workload, etc.)? * Is there anything you’d like us to consider as you transition back into work? * Is there anything else you'd like to add or discuss before we finish? |
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| Total absence in the given holiday year (from 1 April to 31 March) including this period of absence. (Please refer to the ‘’Planner’’ section of the employee’s PeopleHR where you will be able to see this information!) | | | | | | | | | | | |
| Number of occasions: |  | Total days / hours lost: | | | | | |  | days |  | hours |
| Currently under absence monitoring? | |  | Yes |  |  | No |  | | | | |

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| Employee signature: |  |  | Date: |  |
| Interviewer name: |  |  |  |  |
| Interviewer job title: |  |  |  |  |
| Interviewer signature: |  |  | Date: |  |

**Next Steps:**

Please make sure to return the completed Return to Work form and Self-Certification / Fit Note to the HR Team as soon as possible after your Return to Work meeting. Thank