[Company name]

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Return to Work Interview Form

Complete after any sickness absence. A supportive conversation, not a disciplinary meeting.

Employee details

Name	[Employee name]
Department	[Department]
Interview date	[Date]
Conducted by	[Manager name]

Absence details

First day absent	[Date]
Last day absent	[Date]
Total days	[Number]
Reason given	[Reason]

Discussion

1. Are you fully fit to return to your normal duties? [Yes / No - details: [details]]
2. Do you need any temporary adjustments? [details or N/A]
3. Is there anything at work contributing to absence we should address? [details or N/A]
4. Doctor's note received? [Yes / No / Not required]

Agreed actions

[Any follow-up: OH referral, phased return, workstation adjustment, review date]

Absence record updated: [Yes]

Sign-off

Employee name	Employee signature	Date

Sign-off

Manager name	Manager signature	Date