



Managing Attendance Policy - Annex 3: Return to Work Forms

Policy created: 01/2010

Policy reviewed and updated: 10/2023

Scheduled date of next review: 09/2025

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Update Information

This model policy will be subject to ongoing review and may be amended prior to the scheduled date of the next review in order to reflect changes in legislation, statutory guidance, or best practice (where appropriate).

Return to Work forms for completion by the employee and line manager/designated person - to be used in conjunction with the [Managing Attendance Policy](#).

1. Appendix 1 - Return to Work (Self-Certification) Form

Return to Work (Self-Certification) Form

To be Completed by the Employee

All employees must complete this form for each period of sickness absence and pass it to their line manager/designated person on the day of return from sickness absence. A Statement of Fitness for Work ("Fit Note") is required for any period of absence over 7 calendar days.

This form will be kept on the employee's personal file.

The information contained in this form will be disclosed to the employee's line manager and, as required, to Schools HR, Legal Services, the Health and Safety Services, Occupational Health and the nominated officers responsible for monitoring sickness absence in the school, but to no one else without the express consent of the employee.

Employee Details
Name:
Job Title:
Line Manager:
Sickness Absence Details
First Working Day of Sickness Absence <i>(insert date)</i> :
Last Working Day of Sickness Absence <i>(insert date)</i> :
First Day of Return to Work <i>(insert date)</i> :
Reason for Sickness Absence <i>(specify the nature of the illness and/or symptoms)</i> :
.....
Other Factors/Information
Are you taking any medication that may have an adverse effect on your ability to perform your contractual duties? Yes <input type="checkbox"/> No <input type="checkbox"/> : If Yes, please give details:
Do you believe that the reason for this absence is considered to be regarded as a disability under the Equality Act 2010? Yes <input type="checkbox"/> No <input type="checkbox"/> : If Yes, please give details:
Do you believe that the reason for this absence is related to an accident at work? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please give details of the date and the location the accident occurred and if an accident report was completed (include date of completion):
.....
Declaration
I certify that, to the best of my knowledge, these details are correct.
Employee's Signature: Date:

2. Appendix 2 - Return to Work Meeting Record

Return to Work Meeting Record Line Manager/Designated Person to Complete

Name of Employee:	
Welcome the employee back to work and inform them of developments that have occurred during their absence	
Check the employee has fully recovered and is capable of performing their duties (consider options to assist the return to work)	
Provide an opportunity for the employee to explain the circumstances of their absence and raise any on-going or underlying medical issues.	
Confirm: <ul style="list-style-type: none"> • Return to Work (Self Certification) Form has been completed • Fit Note received for absences over 7 days • Dates of absence • Reason for absence • Correct procedures for reporting absence were followed 	<p>Has a Return to Work (Self-Certification) Form been completed? Yes <input type="checkbox"/> No <input type="checkbox"/> : If No, ask employee to complete the form.</p> <p>Has a Fit Note been received for absences over 7 calendar days? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>First working day of sickness absence <i>(insert date)</i>:</p> <p>Last working day of sickness absence <i>(insert date)</i>:</p> <p>First working day back at work <i>(insert date)</i>:</p> <p>Number of working days lost (short term only):</p> <p>Reason for absence confirmed as:</p> <p>Reporting procedures followed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If No, state reasons</p>
Action for short-term absence: Review the employee's sickness absence record over the previous rolling 12 months or since the start of any fixed 12 month review period (whichever is appropriate). Advise the employee of current position and whether triggers have been breached.	<p>The Rolling 12 month or Fixed 12 month review period is From (date) To (date)</p> <p>During this period there has been the following short-term absence Working days / Periods (including this absence)</p> <p>Have triggers been breached? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, the following action to be taken within 3/6 weeks of date of return to work:</p> <p><input type="checkbox"/> First Sickness Absence Review Meeting (Short-Term)*</p>

	<input type="checkbox"/> Second Sickness Absence Review Meeting (Short-Term)* <input type="checkbox"/> Contract Review Hearing* *To be held on:
<p>Action for long-term absence:</p> <p>For an employee returning from a period of long-term sickness absence, set a fixed 12 month review period from the date of their return to work and re-confirm triggers.</p>	<p>The fixed 12 month review period is:</p> <p>From <i>(insert date)</i> To <i>(insert date)</i></p> <p>If you have 4 weeks continuous sickness absence in the above review period, the following meeting will be held:</p> <input type="checkbox"/> Second sickness absence review meeting (Long-Term) <input type="checkbox"/> Contract Review Hearing
Declarations	
<p>Signed: (Line Manager/Designated person) Date:</p>	
<p>I certify that this is a true record of the Return to Work discussion and that I have received a copy.</p> <p>Signed: (Employee) Date:</p>	

Policy created: 01/2010

26 Oct 2023

Annex has been reviewed and refreshed. Refer to the Schedule of Amendments for full detail. [Schedule of amendments](#)

30 Jun 2021

Policy has been reviewed and refreshed. Refer to the Schedule of Amendments for full detail. [Schedule of amendments](#)