

Self-Certification and Return to Work Discussion Form

Name	
Job title	
Place of work	
Reason for the absence in question	
Absence start and end dates	
Number of days absent from work on this occasion	
Number of days absence from work in last 12 month period	
Number of occurrences of absence over the last 12 months	

This form must be completed for all periods of sickness absence for all employees following a return to work meeting between the individual and their line manager

Employee's comments regarding the absence

Line manager's comments regarding the absence

Any adjustments required? e.g.

- Working hours alteration (temporary or permanent, including phased return to work)
- Workplace adaptation (equipment)
- Temporary adjustment to work duties

Please list below

Is an occupational health referral required?
If yes, please contact HR

Yes / No

Does the employee's level of absence present a cause for concern? YES / NO

Is payment recommended for this period of absence? YES / NO

Is a formal review meeting required? YES / NO

Please contact HR Department if appropriate.

Declaration I also declare that the information in this form is a correct record of the absence and discussions at the return to work interview.

Employee signature		Date	
Line manager signature		Date	
HR System Updated	Yes/ No	Date	