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Treetops Hospice - Back to Work Interview Record

(to be completed in conjunction with the self-certification form and returned to hr)

**DEPARTMENT: …………………………… NAME OF EMPLOYEE: .…………………………**

**1st Date of Absence ……………… Date RETURNED TO WORK………………………**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. How is the employee feeling and are they fit to resume their duties?** | | | | | | **YES** | **NO** |
| **Comments:** | | | | | | | |
| **2. Are any adjustments required to facilitate a full return to work?** | | | | | | **YES** | **NO** |
| **Comments:** | | | | | | | |
| **3. Ask the employee to complete the self-certification form and counter-sign this. Please note below any significant issues discussed** | | | | | | | |
| **Examples:**   * **Reason for absence** * **Was a GP consulted** * **Has a work related reason**   **contributed to this absence**   * **Is the absence related to an**   **under-lying health condition**   * **Was absence due to an accident** * **Is any on-going treatment required** * **Has a pattern been noted in**   **relation to this and/or previous absences** | | **Comments** | | | | | |
| **4. Number of Occasions of Absence in Rolling 12 months**  (Obtain details from HR) | |  | **Number of Days of Absence in Rolling 12 months**  (Obtain details from HR) | |  | | |
| **5. Is Absence Monitoring Triggered by this absence** | **YES** | **NO** | **Date of Absence Monitoring Meeting arranged (if applicable)** | |  | | |
| **6. Is a period of Absence Monitoring in place now** | **YES** | **NO** | **Date of next Absence Review Meeting arranged** | |  | | |
| **EMPLOYEES SIGNATURE** | **DATE** | | | **MANAGER’s SIGNATURE** | **DATE** | | |
|  |  | | |  |  | | |

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