

**Return to work interview form**

<b>Employee name</b>	
<b>Position</b>	
<b>Name of manager completing form</b>	

<b>First date of absence</b>	
<b>Last date of absence</b>	
<b>Number of working days or part-days absent</b>	
<b>Are any short-term absence issues identified?</b>	
<b>Was the absence reported correctly?</b>	
<b>What was the reason for the absence?</b>	
<b>Did the employee contact their doctor?</b>	
<b>Did any workplace issues contribute to the absence? Please provide details</b>	
<b>Include details of any additional support or investigation required</b>	
<b>Does the employee require any adjustments to be made to their work following their absence?</b>	
<b>Is further assistance required from the employee's doctor or occupational health?</b>	
<b>Was the absence disability-related?</b>	

<b>Any further comments or actions from manager</b>	
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<b>Employee signature:</b>	<b>Manager signature:</b>
<b>Date:</b>	<b>Date:</b>