

Return to work interview Crystal Care Solutions

Please complete this form on the day you return to work after any length of absence from work

Name:	Form completion date:
General Place of Work:	
Return to Work interview conducted by:	

Last day worked before absence:
Date returned to work:
Number of Days absent:

Notification
Date reported:
Time Reported:
Reported to:
Reported by:
Reason given for Absence:
Any Further Calls:
Was the correct procedure Followed?
Are you aware of the correct procedure?
Was absence due to an accident at work?
If yes, who was made aware of the accident and was a report filed?
Detailed reason for absence:

Further Information
Did You visit a doctor?

Back to Work interview continued

Employee

Does the above correspond with the original notification of absence?

Are you fit to return to work?

Overall Employee Comments:

Employer

Overall Employer Comments:

Number of periods of absences this month:

Total number of days absent this month:

Total number of days absent this year:

Please record any further actions to be taken by employer/ employee

I declare the above statement to be true and accurate to the best of my knowledge

Employee signature: _____ Date: _____

Manager Signature: _____ Date _____