**Welcome Back to Work Discussion**

This section of the form **MUST** be completed and signed by the member of staff following **every** episode of sickness absence and countersigned by their line manager or their deputy.

|  |  |
| --- | --- |
| **Name of employee:** | |
| **Job Title:** | **Department:** |
| **Return to work date:** | **Welcome back discussion date:** |
| **Was the welcome back to work discussion undertaken within 48 hours of return?**  **Yes/No** | **If no, what was the reason for the delay:** |
| **Number of working days lost due to sickness:** | **Number of working hours lost due to sickness:** |
| **Number of calendar days lost due to sickness:** | **If this absence exceeds 7 calendar days, has a medical certificate been provided?**  **YES/NO** |
| **Reason for absence:** | |

**Welcome Back Discussion:**

|  |
| --- |
| **W**elcome back  *Setting an atmosphere that is friendly, open and understanding regarding employee and their wellbeing*  *Ensure relevant documentation was provided to cover absence* |
|  |
| **A**bsence discussion  *To fully understand the employee is fit to return to work, understand the reason and cause of for absence, looking at their attendance record and highlight any reoccurrences in absence.*  *Discussion around GP or health care profession guidance and outline any support can be provided.*  *This may include referral to Occupational Health, EAP. Any recommendation will be considered in light of service delivery and further advice may be sought from Occupational Health and HR.* |
|  |
| **R**esponsibility to attend work  *To remind the employee of any previous absences and expectations going forward.* |
|  |
| **M**ove on  *To support the employee with any work that can be picked up, discussion work that has been completed and introduce the employee back to work.* |
|  |

**Discuss the employee’s sickness absence record to date (the past rolling 12 months)**

|  |  |
| --- | --- |
| Number of occasions over the last rolling 12 months: |  |
| Number of working days over the last rolling 12 months: |  |

|  |  |
| --- | --- |
| At what stage is the employee currently at within the attendance management process: | |
| Informal Counselling Review |  |
| Initial Attendance Review |  |
| Second Attendance Review |  |
| Final Formal Attendance Review |  |
| Is there any further action required in respect to the Trust’s attendance management policy? e.g. referral to next stage. YES/NO | |
| Informal Counselling Review |  |
| Initial Attendance Review |  |
| Second Attendance Review |  |
| Final Formal Attendance Review |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **I certify that I have been unable to work during the period detailed on this form due to sickness as stated and confirm the content of discussion as above.** | | | |
| **Employee declaration**  *I declare that the information I have given on this form is factually correct and complete.* | | | |
| **Employee Signature:** |  | **Date:** |  |
| **Manager declaration**  *I declare that the information I have given on this form is a true and correct account of the employee’s declaration of sickness.* | | | |
| **Manager Signature:** |  | **Date:** |  |