**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.

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| **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:**

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| **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*  |
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| **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.* |
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| **R**esponsibility to attend work*To remind the employee of any previous absences and expectations going forward.* |
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| **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.* |
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 **Discuss the employee’s sickness absence record to date (the past rolling 12 months)**

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

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| 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  | [ ]   |

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| **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:** |  |