

TO BE COMPLETED BY INTERVIEWER (SUPERVISOR/MANAGER)

Employee's Name:		
Reason for absence:	First notification: (date, time, to whom)	
Dates of absence:		
From:	То:	
Was a GP consulted? YES / NO	Is there an ongoing health problem? YES / NO	
If yes, provide details	If yes, provide details	
Can the company assist? YES / NO	Is there an external problem? YES / NO	
If yes, provide details	If yes, provide details	
What is the employee's absenteeism record for last 12 months?		
No. of occasions Date Reasons		
Is there an obvious pattern to the absenteeism record? YES / NO		

Return To Work Interview Form



Was the employee's loss to the department discussed? If yes, provide details of comments made	
Is it recommended that the employee is referred to the Company's Health Adviser? YES / NO If yes, for what reasons?	
Is the employee to receive a caution in relation to this absenteeism? YES / If yes, provide details	
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Employee's signature:	Interviewers signature:
Print Name:	Print Name:
Date:	Date: