Return to Work Form

Post-Absence Return Interview

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Purpose

This form should be completed during a return to work conversation after any absence from work. It helps ensure the employee is fit to return, identifies any support needed, and documents the absence for record-keeping.

Section 1: Employee Details

Full Name *

Employee ID

Position / Job Title *

Department / Team *

Manager / Supervisor Name *

Date of Return to Work Interview *

Section 2: Absence Details

First Day of Absence *

Last Day of Absence *

Return to Work Date *

Total Working Days Absent *

Type of absence:

- [ ] Personal illness / injury
- [ ] Caring for family member
- [ ] Work-related injury / illness
- [ ] Planned leave (annual, parental, etc.)
- [ ] Other (please specify)

If other, please specify:

Section 3: Reason for Absence (if illness/injury)

Nature of illness or injury (general description only - medical details not required):

Brief description

Was this absence:

- [ ] Work-related (injury occurred at work)
- [ ] Non work-related
- [ ] Aggravation of pre-existing condition
- [ ] Related to workplace stress
- [ ] Prefer not to disclose

Section 4: Medical Clearance

Did you seek medical attention during your absence?

- [ ] Yes - GP
- [ ] Yes - Hospital / specialist
- [ ] No

Medical documentation:

- [ ] Medical certificate provided
- [ ] Medical certificate not required (absence under 2 days)
- [ ] Statutory declaration provided
- [ ] No documentation available

Medical certificate dates covered

Medical clearance to return to work:

- [ ] Fit for full duties
- [ ] Fit with restrictions (see below)
- [ ] Medical certificate obtained for return
- [ ] Clearance not required

Section 5: Work Restrictions / Modified Duties

Are there any restrictions on your ability to perform your normal duties?

- [ ] No restrictions - fit for full duties
- [ ] Yes - temporary restrictions (see below)

- [ ] Yes - permanent restrictions

If restrictions apply, please describe:

Restriction review date

Expected duration of restrictions

Modified Duties Required

- [ ] Reduced hours
- [ ] Restricted lifting / manual handling
- [ ] Restricted standing / walking
- [ ] Restricted computer use
- [ ] Alternative duties
- [ ] Phased return (gradual increase in hours)
- [ ] Other modifications (specify below)

Details of modified duties arrangement:

Section 6: Support Required

Is there anything we can do to support your return to work?

Support requirements or accommodations:

Are you aware of any workplace factors that contributed to your absence?

- [ ] No
- [ ] Yes (please discuss with manager)

Section 7: Fitness to Return

Employee Confirmation

- [ ] I confirm I am fit to return to work
- [ ] I confirm I am fit to return with the restrictions noted above
- [ ] I have disclosed any relevant information about my ability to perform my duties safely

Manager Assessment

- [ ] Employee appears fit to return
- [ ] Employee returning with modified duties as documented
- [ ] Further medical clearance required before return
- [ ] Referral to occupational health recommended

Section 8: Work Catch-Up

During your absence:

- [ ] No significant changes occurred
- [ ] Important updates were communicated (see notes)
- [ ] Training / briefing required

Key updates or matters to be aware of:

Section 9: Workers Compensation (if applicable)

Is this absence related to a workers compensation claim?

- [ ] Yes - existing claim
- [ ] Yes - new claim lodged
- [ ] Possibly - needs assessment
- [ ] No

Workers compensation claim number (if applicable)

Section 10: Absence Review (Manager Use)

Total absences in past 12 months

Total days absent in past 12 months

Is there a pattern of absence that warrants discussion?

- [ ] No - absence pattern not of concern
- [ ] Yes - pattern discussed with employee
- [ ] Yes - follow-up meeting required

☐ Referral to HR recommended

Section 11: Declaration

Employee

- I confirm the information provided is accurate.
- I confirm I am fit to return to work (with any noted restrictions).
- I understand I should report any concerns about my fitness to work.

Employee Signature: _____ Date: _____

Manager

- I have conducted a return to work conversation with this employee.
- I am satisfied the employee is fit to return (with any noted restrictions).
- Any required support or accommodations have been discussed and arranged.

Manager Name: _____

Signature: _____ Date: _____

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