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| Return to Work Form **StrConfiden**  |
| Guidance |
| You should complete section 1 of this form if you have been absent for 4 or more calendar days and send it via email to your Line Manager. Your Line Manager should complete Section 2 and upload to People and Money. |
| Section 1: Self-Certification (to be completed by employee) |

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| Employee Name:  |       |
| Job Title: |       |
| 1st Day of Absence (dd/mm/yyyy):  |       |
| Date Returned to Work (dd/mm/yyyy): |       |
| Number of working days absent:  |       |
| Number of calendar days absent: |       |
| State briefly why you were unfit for work (specify nature of illness or injury. Words like “illness” or “unwell” are not enough):       |
| I reported my absence to:        |
| Date absence reported (dd/mm/yyyy):       |
| Print Name:       | Date (dd/mm/yyyy):       |
| **Section 2: Return To Work Discussion** **(to be completed by manager)** |
| Manager’s Name:  |       |
| Date of return to work discussion (dd/mm/yyyy): |       |
| Has the necessary medical certification been presented? (e.g., where required, a fit note/s) | Yes [ ]  | No [ ]  |
| Summary of discussion ([see section 7.2 of the Absence Management Policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance)):  |
|       |
| Any other comments or issues raised, and any further action agreed ([see section 7.3 of the Absence Management Policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance)):       |
| Is an Occupational Health referral required?\* | Yes/No:       |
| \*If yes to the above, confirm date the referral was/will be made: | Date (dd/mm/yyyy):       |
| Has one or more of the University’s review points been reached as a result of this absence? ([see section 8 of the Absence Management Policy](https://www.ed.ac.uk/human-resources/policies-guidance/a-to-z-of-policies-and-guidance)) | Yes/No:       |
| **Section 3: Sign off** |
| Print name (Employee):       | Date (dd/mm/yyyy):       |
| Print name (Manager):       | Date (dd/mm/yyyy):       |