# BACK TO WORK INTERVIEW

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EMPLOYEE DETAILS | | | | | | | | |
| **First Name** | |  | | | **Department** | |  | |
| **Last Name** | |  | | | **Date** | |  | |
|  | | | | | | | | |
| **Absence Details** | | | | | | | | |
| **First date of absence** | |  | | | **Last date of absence** | |  | |
| **Date of return to work** | |  | | | **Reason for absence** | |  | |
|  | | | | | | | | |
| **Manager’s Comments** | | | | | | | | |
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| **Employee’s Comments** | | | | | | | | |
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| **Signed** | | | | | | | | |
|  | **Signed** | | | **Print Name** | | **Job Title** | | **Date** |
| **Manager** |  | | |  | |  | |  |
| **Employee** |  | | |  | |  | |  |
|  | | | | | | | | |
| **FOR HR USE ONLY** | | | | | | | | |
| **Medical Certificate provided?** | | |  | | | | | |
| **Attendance sheet updated?** | | |  | | | | | |
| **Payroll records updated?** | | |  | | | | | |
| **Actioned by** | | |  | | | | | |
| **Job Title** | | |  | | | | | |
| **Date** | | |  | | | | | |