# BACK TO WORK INTERVIEW

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| 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** |  |
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| **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** |  |