

Self Certification (To be completed by employee)

Employee Name _____ Department _____

1st Day of Absence __/__/__ Date Returned to Work __/__/__

Total Number of Days Absent _____ Absence Reported to _____

Reason for Absence

Signature: _____ Date: __/__/__

Return to Work Meeting (To be completed by manager)

Manager Name _____ Date of RTW Discussion: __/__/__

Has medical certification been provided? **YES/NO**

Summary of Discussion

Details of Any Support Offered to Employee

Any Actions Agreed (including timescales)

Signature: _____ Date: __/__/__