

PRIVATE & CONFIDENTIAL SELF CERTIFICATION & RETURN TO WORK

SECTION ONE: SELF CERTIFICATION (to be completed by the employee on return to work)			
Name (Print)			
Department			
Sickness Absence	First day of absence		Last day of absence
	Time absence started		
Reason for absence / symptoms			
Medical Certificate from GP (required after 7 calendar days)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes	Certificate Start Date		Certificate End Date
Number of days that would have been worked if not on sick leave			

SECTION TWO: RETURN TO WORK MEETING (to be completed by the manager and the employee)	
Total number of working days absence in the preceding 12 months (commencing from the first days' absence for this period and excluding Bank Holidays)	
Number of instances of short term absence in last 5 months	
Comments: • Confirmed fit to return to work? • Is the problem likely to be ongoing? • Confirmed reason for absence? • Were the causes of the absence work-related? • Further guidance needed from Occ Health / HR?	

SECTION THREE: AGREED ACTION			
ACTION AGREED	Is Further Action Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is this a potential industrial injury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Refer to HR / Occupational Health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Formal Discussion First / Second / Final Date set:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Comments:			

Following the Return to Work meeting I am satisfied that the above information is accurate and that the employee has complied with the Council's sickness absence reporting procedures.			
Employee Signature		Date	
Line Manager Signature		Line Manager Print	

