



SECTION 1: For completion by the Business Unit Head	
Employee name:	Job title:
Department:	
First day of absence:	
Date returned to work:	
Total days absent from work:	
Reason given for absence:	
Date, time and method of notification:	
Expected date of return:	
Is absence due to an injury at work?	Yes / No
If accident at work, has an accident form been completed?	Yes / No

(Please continue overleaf if necessary)

SECTION 2: RTW DISCUSSION RECORD NOTE – for completion by Business Unit Head (as appropriate) (Please continue overleaf if necessary)	
I confirm that the above notes represent an accurate record of the issues discussed and the actions undertaken/recommended.	
Name:	Signature
Department:	Date:

SECTION 3: For completion by individual resuming from sick leave
Date on which you became unfit for work:
Date on which you became fit for work:
Actual day and date of return to work:



GROUP
"Believe in us"

What was the nature of your sickness?

Have you seen a doctor / dentist?

Yes / No

Are medical certificates attached?

Yes / No

I confirm that the attached sickness summary is an accurate record of my absence history and that the interview notes above are an accurate record of the issues discussed. In addition, I wish to comment as follows:

I declare that the above statement is accurate and understand that to give false or misleading information may result in dismissal.

Name:

Signature:

Department:

Date:

Data Protection

The Company processes the information provided on this form and on medical certificates for the purposes of meeting its legal obligations. In particular, individual data are disclosed to line managers for the purpose of responding appropriately and fairly to an individual's overall level of sickness absence and for the appropriate management of their health and safety at work.