



Return to Work Interview Form

Name
Designation
First Day of Absence
Last Day of Absence
Total number of days absent
Total number of days off work
Is absence due to an injury at work? YES/ NO
Have you seen a doctor? YES/ NO
Reason for absence(Please give a brief description of the illness or other reason for absence)
Action Taken(please give a brief description of any action taken to date)
Proposed Course of Action
I understand that if I knowingly provide inaccurate or false information regarding my absence it may result in disciplinary action. Employee's Signature: Line Manager's Signature: