

Return to work meeting record

This template has been created to support the person conducting a return to work meeting, following an employee’s absence due to sickness. This form is split into two parts;

1. Meeting preparation; and

2. The meeting discussion

Following the meeting, a summary of discussion should be recorded in the online [‘HR Request – Return to work meeting record form’](https://sotonproduction.service-now.com/serviceportal?id=sc_cat_item&sys_id=632f2da2dbbee340f81bee71ca9619da). This document is intended to help you with recording that discussion. Please ensure a copy of this form is also uploaded to the HR Request.

Meeting preparation:

For return to work meetings to be effective, it is important that the person conducting the meeting (usually the employee’s line manager) is fully prepared for the meeting. [The Return to work meeting guidance](https://www.southampton.ac.uk/hr/services/return-to-work/return-to-work-meeting.page) should be read/revised prior to the meeting to ensure the meeting is conducted in accordance with the [University’s HR sickness absence Policy](https://www.southampton.ac.uk/assets/sharepoint/intranet/hr/How%20to/Policy%20-%20Sickness%20absence.pdf).

You should check that all absences have been added to the employee’s absence record on [MyView](https://myhr.soton.ac.uk/dashboard/) prior to this meeting.

It is also important that you are aware of the employee’s absence periods, and their reasons, in the 12 months immediately prior to the start of the most current absence being discussed.

Please record any previous sickness from the last rolling 12 month period below. This information is available from ‘My People’ on MyView (see the [Return to work meeting guidance for an explanation of how to do this](https://www.southampton.ac.uk/hr/services/return-to-work/return-to-work-meeting.page)).

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The meeting discussion:

###### This section of the form will assist you in completing the online HR Request successfully. All fields below are mandatory and must be completed. Please note down any points made.

1. **Employee details**

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| --- | --- |
| Name of employee: |  |
| Employee number: |  |

1. **Absence dates**

|  |  |
| --- | --- |
| Date employee returned to work from sickness |  |
| Return to work meeting date |  |

1. **Absence details**

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| --- | --- |
| Absence Reason:  *Explore reasons for absence including whether the employee indicated that factors at work may have contributed to the absence or whether the absence is related to an injury at work. Is there an underlying medical condition? Please document all details discussed* |  |

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| --- | --- | --- | --- | --- |
| Does the employee believe they are fit for full duties? | Yes |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Has the employee been absent for 7 calendar days (including non-working days) or longer? | Yes |  | No |  | **Please note:** If the employee was absent for 7 days or longer (including non-working days), they are required to provide a Statement of Fitness to Work from their doctor. You can attach any documents to the online HR Request. |

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| --- | --- |
| If Yes, does the Statement of Fitness for Work (Fit note) indicate any adjustments to consider? Please explain any adjustments discussed |  |

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| --- | --- | --- | --- | --- | --- |
| Has the employee been referred to Occupational Health for this absence? | Yes |  | No |  |  |

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| --- | --- |
| If Yes, and an Occupational Health report has been issued, does it indicate any adjustments to consider? Please explain any adjustments discussed |  |

**Please note:** It is important that the employee is aware that the University is not obligated to implement any suggested adjustments discussed, if they are not deemed reasonable. If you would like advice regarding implementing any discussed adjustments, or are unsure about how to implement any adjustments, please contact Ask HR on ext. 27541.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is the absence due to an Industrial Injury (injury at work)? | Yes |  | No |  |

1. **Additional Information**

Please detail any additional actions discussed that could assist the employee with their return to work and the timescales agreed. Discuss any observations you have made regarding their absences e.g. if their absences forming a pattern. Explore ways in which you can help the member of staff attend as required.

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Additional comments

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1. **Confirmation**

Please sign this document to confirm this is an accurate reflection of the discussion which was undertaken. Where necessary, review this document again and clarify any points documented.

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| --- | --- | --- | --- |
| Employee Signature: |  | Date: |  |
| Manager Signature: |  | Date: |  |