



Return to work meeting

Meeting details		
Date:	Time:	Location:
Details of the Employee Returning to Work		
Name:	Post:	
Details of Line Manager conducting the RTWM		
Name:	Post:	
Details of Absence		
Dates of absence (including first and last date):		
Was the notification process followed, if not, please provide further details:	Certified / Uncertified (delete as appropriate)	
Summary of RTWM		
Reason for Absence:		
Any issues which continue to affect employee's health or attendance:		
Any underlying issues that may have caused the absence:		
Actions agreed with the employee:		
Line Manager Manager Print Name:	Date:	
Signed by Manager conducting RTWM:		
Employee Print Name:	Date:	
Signed by Employee:		