

Supporting Attendance Toolkit SA03: Conducting a Return to Work Discussion (Version: 1.0)



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1.0	21 June 2021	

Section 1: Conducting a Return to Work Discussion

In accordance with section 2.5 of the Supporting Attendance policy, after each period of sickness absence the manager (or other nominated manager in the absence of the line manager) must carry out a return to work discussion. This should normally be undertaken the day the employee returns to work. If, for particular operational reasons, a face to face return to work discussion is not practicable then arrangements should be made for this to be undertaken by telephone or video call.

A return to work form must be completed for every employee, every time they are off work. The manager should also reinforce the importance of good attendance and raise the profile of the supporting attendance policy.

The discussion will also provide the employee with an opportunity to discuss any underlying problems which may or may not be causing absence that could be resolved by counselling or other management action.

In preparation for the RTW discussion, the line manager as a minimum should have a copy of the employee's sickness absence record over the last 12 months and any other relevant attendance information such as patterns of absence, previous absence paperwork.

The Return to Work discussion provides the manager with an opportunity to:

- check on the fitness of the employee to return to work.
- enable the employee to provide further clarification when the reason for the absence is unclear or appears to be unacceptable.
- establish if there were any non-medical reasons, such as personal, domestic issues or reasons relating to the job or working conditions or relationships which were the cause of the absence.
- discuss whether any additional support is required to help the employee remain at work.
- discuss the employee's attendance record and address any concerns generated by the absence or patterns of absence and decide, in terms of the policy, what further action is necessary, if any.
- confirm all notification and certification procedures were followed.
- demonstrate the Council's commitment to addressing sickness absence as a management issue.
- update the employee on any work issues.

Managers should seek advice from the Employee Relations Team where the employee declares a disability or where the employee has indicated he or she has an underlying health problem that is attributing to their attendance.

A Return to Work Discussion Form (SA03(a)) is attached below. This can be adapted to suit the needs of each individual Service, but all the questions must be covered. If the absence was to an accident at work, this must be recorded on the form which may be used as evidence in any future proceedings.

Section 2: SA03 (a) - Return to Work Discussion Form

SA 03 (a) - Return to Work Discussion Form This form must be completed after every sickness absence									
Section 1 – Absence Details									
Day/Date of Interview:									
(the return to work meeting should normally be undertaken by the line manager the day the employee returns to work)									
Method of discussion:	Face to Fa	ice		Telephone		Video Call			
Day/Date absence commenced:									
Return to Work Date:			No. of Workdays absent:						
Did employee comply with the notification & certification procedures: (If, no discuss with the employee and remind them of their responsibilities and consequences of not complying in future)	Yes 🗌 N	o 🗌	ab on	las the employee sence been end iTrent? (manage remind employe to do this throug MySe	ed ers es gh	Yes 🗌 No 🗌			
Reaso (If the reason given for the absence original reason given please ensure th with employee and iTrent amend Was the Absence (If, yes please ensure this is record itrent and discuss whether any addit required as outline If the employee/manager considers th due to an industrial injury, please refe for guidance on how this should Fi (Ensure the employee is fit to RT whether any additional support is require details	the sed gly) ed? Yes on t is 2) vas 5.7 ith) ork: uss ide		lo 🗌						
Section 2. Additional Support									
Occupational Health Referral Details of any other support offered to employee to them remain at work i.e. phased return, adjustment duties, training etc.									
Individual Stress Risk Assessment									
Employee Couns	elling 🗌								
Physiotherapy Other (e.g. referral to oth	er support service								

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Any other matters that the employee/manager wishes to discuss in relation to the absence? (if there were any non-medical reasons, such as personal, domestic issues or reasons relating to the job or working conditions or relationships which were the cause of the absence this should be addressed).						
Section 3. Management Action						
As a result of this absence has the employee met a trigger in accordance with the SA Policy (if yes please select appropriate trigger/s Discuss absences in last rolling 12-month period: (copy of employee's absence record should be attached)	month perio		a rolling 12- od nulative absence 12-month period			
Discuss any other concerns about the employee's attendance? i.e. patterns of absence, time keeping, reasons for absence		-				
If applicable has the employee been advised that they are required to attend a Formal Attendance Review Meeting?	Yes ☐ (If, yes, refer to Section 2.7 of SA Policy and Managers Toolkit for guidance on next steps) No ☐ (if no provide reason i.e. discretion request to be made, see Section 2.9 of SA Policy)					
Has the employee been made aware of future actions that may be taken in accordance with the Council's Supporting Attendance policy if their attendance levels were to deteriorate in the near future? i.e. further formal attendance reviews, dismissal	Yes 🗌		No 🗌			
Has the employee been updated on any work Yes I issues that occurred during his/her absence?			No 🔲 (n/a)			
The information in this form will be used for the purposes of recording, monitoring and reviewing the employee's attendance levels, and may be referred to if any formal action is taken in relation to attendance levels.						
Signed Employee:		Date:				
Signed Manager:	Date:					