

ATTENDANCE MANAGEMENT - RETURN TO WORK FORM

Employee details

Name

Designation

SAP No:

Section:

Part A

To be completed when an employee is absent for less than 7 days (self certificated) or if the employee submits a fit note that states they are fit for the full remit of the post. (Part B should only be completed in cases when a employee is not fit for full remit of the post).

1st date of sickness

Last date of sickness

Total No of Working days of sickness, (do not include weekend/shift weekends)

Details of sickness
(Illness/unwell/sick/pregnant are not sufficient)

To be completed by Manager/Supervisor

What medical advice did the employee seek

If injured at work give details of accident

Do you intend to pursue a claim against a third party?

Yes

☐

No

☐

Does employee
receive an
Electronic
Payslip?

Yes

☐

No

☐

Managers
signature

Date

Employee
signature

Date

Part B

**To be completed when an employee submits a fit note which state the employee may
be fit for work taking into account the following advice:**

A phased return to work

☐

Amended duties

☐

Altered hours

☐

Workplace adaptations

☐

Managers action
plan on the
above i.e what
duties will the
employee be
carrying out

The above actions will apply during the undernoted period.

Date

From:

To:

Review Date

Managers
signature

Date

Employee
signature

Date

Employees must provide accurate information in respect of claiming sick pay. It should be clearly understood that any false or misleading information provided in claiming sickness allowance may result in disciplinary action being taken including dismissal.

Part C

Monitoring and Review of Agreed Adjustments

Copy to be sent to HR Section

Employee

Sap No

Manager

Representative

1st Review Meeting Date

Discussion re
progress of
employee

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Outcome/ Action
eg. Increase
duties, refer to
Occupational
Health

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2nd Review Meeting Date

Discussion re
progress of
employee

Outcome/ Action
eg. Increase
duties, refer to
Occupational
Health

	Review one	Review two
Managers signature
Date
Employee signature
Date

Completed forms should be sent to servicehr@glasgow.gov.uk

