



Return to Work Form

(to be completed by Manager for employees returning from sick leave)

Employee's Name:	Date of conversation:
First Day of Absence: (indicate leaving time if at work)	Date Returned to Work:
Uncertified <input type="checkbox"/> (no more than 2 consecutive days) Certified <input type="checkbox"/> (required on 3 rd day of absence to include the first 2 days)	Number of Working Days absent:
State briefly reason provided by employee for sick leave absence:	
Absence reported by telephone to:	On (date / time):
Was the absence due to an accident/injury which occurred while at work:	Y / N
If yes, has the employee completed the necessary Accident Report Form?	Y / N / NA

Return to Work Discussion

The employee followed the notification requirements for this absence:	Y / N
The employee applied for Illness Benefit (payable after 1 week):	Y / N / NA
If not, did you discuss why?	Y / N / NA
If appropriate, did you discuss the employee's patterns of sick leave if they are of concern?	Y / N / NA
The employee was updated on any work matters that they may have missed:	Y / N / NA
Did you discuss recommendations of Occupational Health Physician, if applicable?	Y / N / NA

MANAGER

EMPLOYEE (optional)

Name		
Signature		
Date		

Please retain this form for local records and provide a copy to the employee.