



RETURN TO WORK FORM (RTW1 Form)

1. TO BE COMPLETED BY THE MANAGER ON YOUR REPORT'S FIRST DAY OF ABSENCE.
Managers please only fill in information available to you.

2. ONCE AN EMPLOYEE RETURNS TO WORK THE MANAGER HAS A DISCUSSION WITH THEM AND COMPLETES FORM TO INCLUDE THE RETURN TO WORK DATE AND SUBMIT TO HUMAN RESOURCES.

NAME OF EMPLOYEE: _____ Employee No. : _____

DEPARTMENT: _____

Dates of Sick Leave

FROM: _____ TO: _____

No. of Working Days absent:

Reason for Leave (please state nature of illness):

Medical Cert submitted? Yes () No () Please confirm, by placing an X in the relevant space provided

Please confirm, by placing an X in the space provided that you have read VMware's Sick Leave Policy
I have READ POLICY ()

Signed (Employee): _____ Date: _____

Signature (Manager): _____ Date: _____