Appendix I

Employee Self-certification and return to work meeting record

To be completed following all episodes of sickness absence

To be completed by employee:

Name			
Job title / team			
1st day of absence		Return to work date (or fit to return date if reported to manager earlier)	
Reason for absence (it is not acceptable to state 'sick' or 'unwell'			

Was the absence related to an accident at work?			
Yes		No	
If yes, date Datix completed?			

To be completed by manager:

Date of return-to-work meeting	
Issues /actions arising out of return-to-work meeting:	

Declaration:

I declare that I have not undertaken any unauthorised secondary employment, for the Trust or another organisation, during the period of sickness stated above and that the information given is factually correct

Employee's signature……

Date……

Manager signature……

Date……