**RETURN TO WORK FORM**

This form is to be completed when a PA returns to work after sickness

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Full name** | | **Chris Robelou** | | |
| **Date of Absence** | | | | |
| **From** | **25/01/2022** | | **To** | **4/02/2022** |
| **Length of Absence** | | | | |
| **Days** | | **9** | | |
| **Weeks** | |  | | |
| **Months** | |  | | |
| **Reason(s) for Absence** | | | | |
| **Covid** | | | | |
| **Reasonable Adjustments / Phased Return to work / Personal Emergency and Evacuation Plan**  **(if any of the above applicable)** | | | | |
|  | | | | |
| **Employee Signed:** | | | **Chris Robelou** | |
| **Employer Signed:** | | |  | |
| **Date:** | | | **7/02/2022** | |