RETURN TO WORK FORM

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

Full name			
Date of Absence			
From		**To**	
Length of Absence			
Days			
Weeks			
Months			
Reason(s) for Absence			
Reasonable Adjustments / Phased Return to work / Personal Emergency and Evacuation Plan (if any of the above applicable)			
Employee Signed:			
Employer Signed:			
Date:			