**Return to work after time off sick**

If you’ve been off sick for more than a couple of weeks, this form can help you to think about some of the issues around returning to work and how you can overcome them.

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| **How long have you been off sick?** |
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| **Have you spoken with your employer about returning to work? If so, who?** |
|  |
| **What expectations are there regarding your return to work?** |
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| **When would you like to return to work? Is this realistic?** |
|  |
| **Do you have any worries about returning to work?** **If so, list them below.**  |
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| **Why do you want to return to work?** |
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| **Do you have a Fit Note to return to work? If yes, what does it say about any adjustments you might need?**  |
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| **What support is available in your workplace to help you with your return to work? (for example, union or occupational health support)** |
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| **Are there any parts of your job or the work environment that you may have difficulties with, or for which you need extra support?**  |
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| **Are there any adjustments that would help you?** |
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**Phased return to work plan**

If you’ve been off work for three weeks or longer, it’s a good idea to return to work gradually, building up the number of hours you work over a number of weeks. Your workplace may have its own timeframes and policies in place, but if not you may find the tables below helpful to plan your return to work.

**Example**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Week** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Total hours (excluding breaks)** |
| **1** | *10-2* | *10-2* | *Rest* | *10-2* | *10-2* | *16* |
| **2** | *10-4* | *10-4* | *10-4* | *10-4* | *10-4* | *25* |
| **3** | *10-4* | *9-5.30* | *10-4* | *9-5.30* | *10-4* | *28* |
| **4** | *9-5.30* | *9.5.30* | *9-5.30* | *9-5.30* | *9-5.30* | *32.5* |

**For you to complete**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Week** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Total hours (excluding breaks)** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |

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| **Think about how you can adjust your workload to fit the plan. What do you need to do to make sure it happens? Who will you need to involve?** |
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