

Return to Work Form

Employee Name		Employee ID	
Department		Phone Number	
Address			

This form must be completed after the completion of any period of absences other than the holiday.
Employee must fill all the fields.

Date			
First Absent		Last Absent	
Return to Work Date		Total Absents	

Reason of Absence:

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Did the employee properly notify about his/her absences?

Yes/No

Did the employee consult his/her manager?

Yes/No

Did the employee indicate the factors that caused or contributed to the absence?

Yes/No

Explain the Factors:

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What actions should be taken to support the employee?

Signature