**Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | | |
| Employee ID: | [Employee ID] | Department: | [Department Name] |
| Position: | [Employee’s Position] | Supervisor: | [Supervisor Name] |
| Contact Number(s): |  |  |  |

**Absence Details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First Date of Absence: | [DD/MM/YYYY] | Last Date of Absence: | [DD/MM/YYYY] | Total No. of Days Absent: | [No. of Days] |
| Reason for Absence: | | Illness | Injury | Personal Leave | Family Leave |
| Other (Please specify: | |  | |

**Medical Information (if applicable)**

|  |  |  |
| --- | --- | --- |
| Was a doctor's note provided? | Yes No | If yes, attach a copy of the doctor's note. |
| Medical Restrictions or Accommodations Required: | |  |

**Return to Work Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Return to Work: | (DD/MM/YYYY) | Is the employee returning to full duties? | Yes No |
| If no, please specify limitations and duration: | |  | |

**Employee Acknowledgement**

|  |  |  |
| --- | --- | --- |
| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee Name), certify that the information provided in this form is accurate and complete. I am fit to return to work and will comply with any specified medical restrictions or accommodations. | **Employee Signature:** | **Date:** (DD/MM/YYYY) |

**Supervisor/Manager Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Comments:** |  | | |
| **Is a follow-up meeting required?** | Yes No | **If yes, date of follow-up meeting:** | (DD/MM/YYYY |
| **Supervisor/Manager Name:** |  | | |
| **Signature:** |  | **Date:** | (DD/MM/YYYY) |

**Human Resources Review**

|  |  |  |  |
| --- | --- | --- | --- |
| **Comments:** |  | | |
| **HR Representative Name:** |  | | |
| **Signature:** |  | **Date:** | (DD/MM/YYYY) |

**For Office Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date Form Received:** | (DD/MM/YYYY) | **Processed By:** |  |
| **Additional Notes:** |  | | |

This form ensures that all necessary information is collected when an employee returns to work after an absence, facilitating a smooth transition and any required accommodations.