

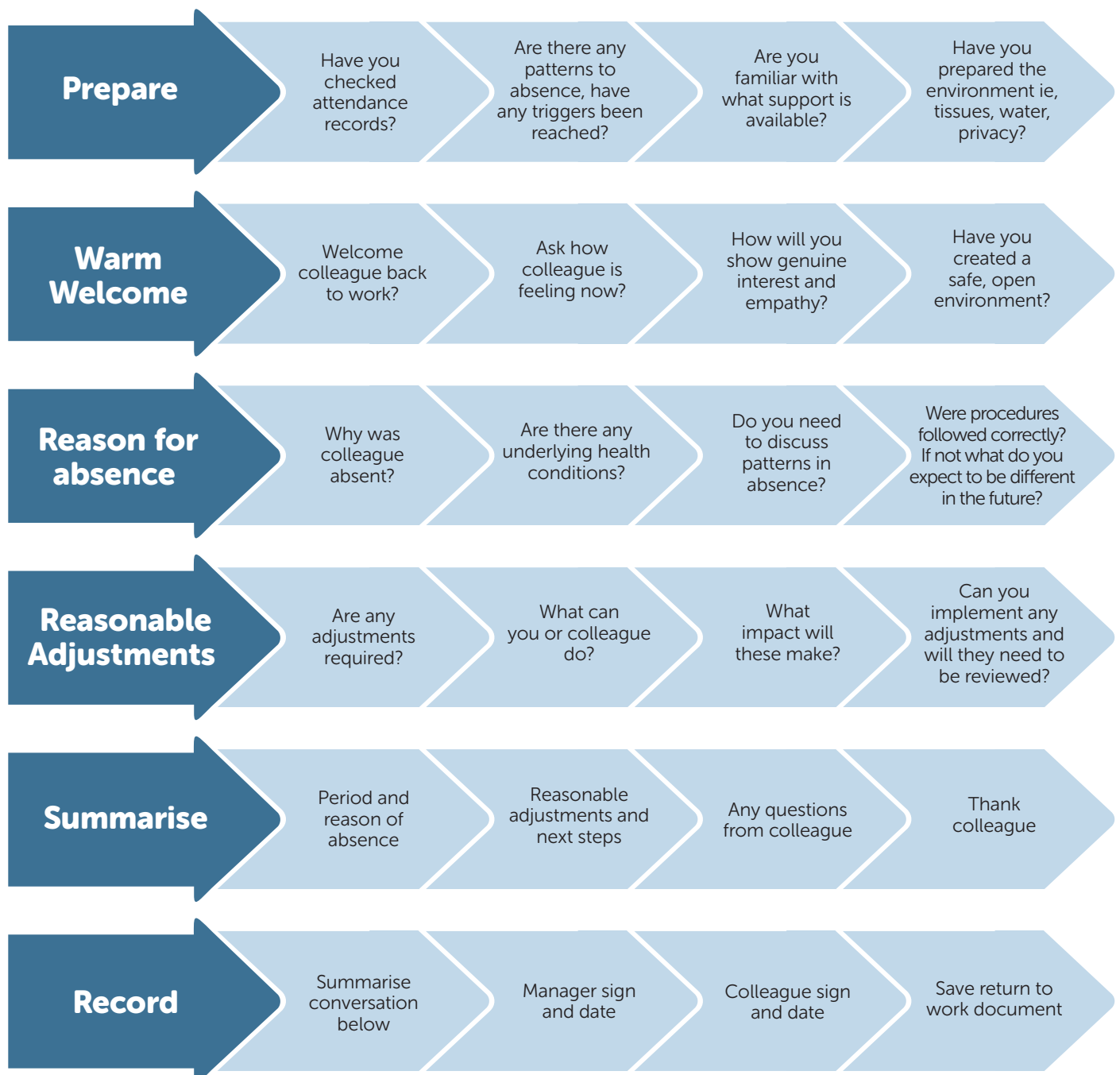
Return to Work

Please use this guide to structure your return to work conversation, having a great conversation will ensure the colleague is fit for their return to work and to address any concerns or underlying health conditions that may impact their return to work.

Colleague Name: Colleague Number:

Absence Date from and to: Occasions of absence within 12 months:

Reason for Absence:



Summary:

Practical, emotional and Financial support is available through our Employee Assistance Provider, GroceryAid www.groceryaid.org.uk
Or if any colleague want to reach out to our network of Mental Health Champions they can be contacted HERE.

Manager signature:

Date:

Colleague Signature:

Date: