

PHASED RETURN TO WORK AGREEMENT

Name: _____ **Directorate:** _____

Manager Name: _____ **Section:** _____

SCHEDULE OF WORKING

	Week Commencing	Details of Work Pattern (i.e. full days, part days, hours, duties)
Week 1		
Week 2		
Week 3		
Week 4		

I have agreed with my medical practitioner that I am able to resume work on a phased return basis and that I will be able to resume normal working by w/c _____

I understand that the phased return schedule allows me authorised absence for rehabilitation reasons, that my absences are therefore not recorded as "sickness" and that full contractual salary will be paid for a 4 week period whilst I am working in accordance with the agreed work pattern.

I undertake to ensure, to the best of my abilities, that I fulfil this agreement to enable me to resume normal working on the agreed date. I understand that if I am unable to fulfil the agreement then normal rules with regard to sickness will apply.

I understand that if I am unable to resume normal working at the agreed date then the agreement lapses and that a new agreement may be negotiated. Such an agreement may be for a further period of phased return to work during which salary may only be paid for actual hours worked, so that hours not worked will be unpaid, or I will be required to take annual leave for such hours. Alternatively, it may be agreed that my contractual terms will be changed on either a temporary or permanent basis (e.g. part-time working)

Signed: _____ **Employee** **Date:** _____

Signed: _____ **Manager** **Date:** _____