Manager Self Service

Return to Work

(Not included in the Payroll Interface)

Version control

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<th>Version</th>
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<tbody>
<tr>
<td>0.1</td>
<td>1 September 2016</td>
<td>First Draft</td>
<td>Lorna Johnston</td>
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<tr>
<td>0.2</td>
<td>27 October 2016</td>
<td>Approval of SOP Group</td>
<td>Lorna Johnston</td>
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<td>1.0</td>
<td>29 December 2018</td>
<td>First Version REF225</td>
<td>Lorna Johnston</td>
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<td>1.1</td>
<td>25 July 2018</td>
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<td>Lorraine Whyte</td>
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Contents

1. Return to Work  

Standard Operating Procedure

1. Return to Work

Navigate to Ŧ NHSS *Manager* Self Service

(Variations NHSS Enhanced Manager Self Service, NHSS Enhanced Senior Managers Pay Manager Self Service)

1. Click Return to Work
2. Select employee from hierarchy to whom transaction applies and click Action
3. Click Add / Amend
4. Enter the following mandatory information, using the date fields;
   a. Absence Start Date
   b. Absence End Date
   c. Date Back on Shift Roster
5. Enter the following information, using the drop down menus and free text fields
   a. *Reason for Absence
   b. * Type of certificate received
   c. Reason if no certificate received
   d. If a self-certification provided, is the employee fit to return to work?
   e. If a fit note is provided, are there any restrictions on duties?
   f. If any restrictions, please provide details
   g. Have the recommendations in the fit note been met?
   h. If fit note recommendations not met, has this prevented a return to work?
i. Has a phased return to work been agreed?

j. Are there any temporary adjustments that would facilitate a return to work?

k. If yes, please summarise any adjustments agreed

l. Is the employee undergoing treatment that may restrict his/her duties?

m. Is there underlying medical condition impacting on the employee’s attendance?

n. Are there underlying significant personal, family or other reasons for absence?

o. Is the absence due to injury, accident or illness caused or made worse by work?

p. * Did this absence last 7 or more days?

q. * Referral to OH agreed

r. Referral to other forms of support (please specify)

s. * Have absence reporting procedures been followed?

t. If no, why were procedures not followed?

u. * Has the employee reached a trigger point?

v. If yes, please enter date of Formal Absence Review Meeting

w. * Date of return to work discussion

x. * Summary of other outcomes of discussion

y. * Has the employee agreed to the content of the return to work discussion?

z. Any other relevant information

6. Click Apply, click Next

7. Review changes and click Submit

8. Click Home