**Confidential** Ulster University

# **COVID19 – SELF - ISOLATION END**

This form should be completed by the Line Manager and Employee following a period of self-isolation once the employee is clear of any symptoms. If an employee has tested positive and requires any additional time off please follow the normal sickness absence process. Once fully complete please scan and send to [**employeewellbeing@ulster.ac.uk**](mailto:employeewellbeing@ulster.ac.uk) or post to Employee Wellbeing Advisors, Room J202, Coleraine Campus. Employee Wellbeing contact no: 028 7012 3377

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| **Section A - to be completed by the manager in preparation for return to work discussion** | | |
| **employee details** | | |
| Surname: | First Name: | Employee No: |
| Post title: | Faculty/Department: | Contact No: |
| **Absence Details** | | |
| First day of Isolation: | Last day of Isolation: | RTW Date: |
| Absence Reason: | | |
| **Section B - Return to Work discussion** | | |
| Did the employee follow guidance advice from Public Health Agency? **YES /NO**  **Please detail:** | | |
| Did the employee follow the absence notification policy / process? **YES /NO**  **If NO**, provide the employee with the relevant advice / information on this process | | |
| Is employee fit to return to full duties? **YES / NO** | | |
| If **NO,** are any adjustments / phased return / Occupational Health Referral required (please detail): | | |
| Is the employee on any medication or did they undergo any medical treatment that the Organisation should be aware of? (i.e. due to H&S) **YES / NO** (please give details) | | |
| Is further time off required to attend follow up appointments / tests? (Please detail) | | |
| Summary of any actions agreed to support attendance: | | |
| Employee Name: | Employee Signature: | Date: |
| Manager Name: | Manager Signature: | Date: |
| **Employee Wellbeing Department** | | |
| Date Received: | | |
| Other information: | | |