# Appendix 2

**Returning to Work Meeting Checklist**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Individual Planning Meeting – Return to Work Checklist**

This checklist should be completed by the manager, in conjunction with the employee, at the individual planning meeting, and a copy should be kept by both parties and sent to to [HR contact point]

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Action/Comment** |
| **Return to work arrangements** | | | |
| Has a return to work date been agreed? |  |  |  |
| Is there a requirement for a phased return?  If yes, outline details in comment box |  |  |  |
| **Working arrangements** | | | |
| Are adjustments to working arrangements required?  If yes, describe the adjustments agreed in comment box |  |  |  |
| Is there an expected timeframe for these arrangements to remain in place? *(estimate)*  If yes, outline in comment box |  |  |  |
| **Pay and entitlements (the following should be explained and discussed)** | | | |
| Sick pay entitlement |  |  |  |
| Permanent Health Insurance (PHI) |  |  |  |
| Social welfare entitlements  *See gov.ie for further information* |  |  |  |
| Impact on benefits been outline (e.g. impact on annual leave) |  |  |  |
| Pension implications |  |  |  |
| Time off for medical appointments |  |  |  |
| Time off for non-medical appointments |  |  |  |
| **Communication plan** | | | |
| Communication plan between employee and manager – regular check-ins  Outline agreed plan in comment box |  |  |  |
| Communication with colleagues  Outline agreed plan in comment box |  |  |  |
| Has buddy been identified?  Introduction with buddy to be arranged |  |  |  |
| **Supports (employee to be made aware of the following supports)** | | | |
| Employee Assistance Programme (EAP) |  |  |  |
| Irish Cancer Society services |  |  |  |

This plan can be updated at any time after discussion with your manager and/or HR. Any adjustments will result in temporary adjustments to your contract and may have pay implications, this will be discussed with you.

Signed: ­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee