Record of conversation with an employee on a Maintain at Work/Return to Work Program who has Performance/Attendance issues.

Date: Manager/Principal name and position title:

Employee name: Rehabilitation and Return to Work Coordinator name:

Employee substantive role and location:

Employee host work placement role and location (if applicable):

Maintain at Work/Return to Work Program details: Date plan commenced: Duration of plan: (i.e. 6 weeks/Term 3, 2011)

Duties (as per plan):

Hours/Days to be worked (as per plan):

Supports/Restrictions (as per plan):

Performance/Attendance Issues discussed with employee:

Outcome/Actions:

Signature of Manager/Principal: Signature of Employee: