

SCHOOLS PHASED RETURN FORM

Please submit one form for each post and one form for each calendar month, detailing each day, then email to:

traded@derbyshire.gov.uk

SCHOOL NAME:	
EMPLOYEE NAME:	
EMPLOYEE NO:	
JOB TITLE:	
CONTRACTED HOURS PER WEEK ON SAP:	
PHASED RETURN START DATE:	
PHASED RETURN END DATE OR CONTINUING:	

DATE (DD)	DATE (MM)	DATE (YY)	Is this their normal working day? Yes/No	What would be the normal working hours?	How many of those hours were worked?	How many of those hours were sickness absence?
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COMPLETED BY NAME:		SIGNATURE:	
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