

Managing Sickness Absence and Return to Work in the Netherlands

**A practical guide for employers, HR professionals
and case managers**

Written for international organisations with staff in the Netherlands,
and for anyone who has to apply the Dutch rules in daily practice.



From good intentions to clear agreements.

With recognisable cases, usable checklists and room for a smile. Careful case handling
does not have to turn into a paper marathon.

Dutch sickness absence practice | English edition, October 2026 | Legal content checked on 28 October 2026

A guide that also works on a Monday

Sickness absence asks for attention to people *and* for decisions you can explain. That combination is demanding: everyone wants to help, while the inbox and the uncertainty keep growing. This guide helps you move from discussion to a next step you can actually carry out.

The thread running through this guide

Listen → investigate → choose → act → evaluate.

A form supports that movement. It does not replace it.

Choose your entry point

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How to get value out of it

- ☐ Take one current case and hold it against the examples.
- ☐ Use the checklists to support a conversation; a tick is not proof of quality.
- ☐ Fill in the worksheet on page 22 and schedule the evaluation straight away.

The three cases are fictional; the other suggestions are aids, not mandatory formats. The legal outline follows the usual Dutch route for an employee whose employer continues to pay wages during sickness. This guide gives general information about Dutch law and is not individual legal advice.

Why the Dutch employer carries the case

In many countries long-term sickness quickly becomes a matter for the state or an insurer. In the Netherlands it stays, for about two years, largely with the employer. That starting point explains almost every obligation in this guide.

The Dutch starting point	What it means in practice
Wages continue during sickness	The employer continues to pay the sick employee for up to 104 weeks: at least 70% of salary, with a floor at the statutory minimum wage during the first year. Many collective agreements and contracts top this up.
Both parties must make an effort	Employer <i>and</i> employee are legally required to work towards a return to work. Neither side can simply wait for the other.
Medical and work questions are separated	Only the occupational physician (<i>bedrijfsarts</i>) assesses health. The employer never receives a diagnosis and organises work on the basis of described functional abilities.
Dismissal is generally blocked	During the first two years of sickness an employer may, in principle, not terminate the contract because of that sickness. Limited exceptions exist, for example during a probationary period, on urgent cause, by mutual agreement or when the business closes.
The state checks afterwards	At the end of the two years the Employee Insurance Agency (UWV) assesses what employer and employee did. Insufficient effort without good reason can extend the wage obligation by up to 52 weeks.

DUTCH CONTEXT — ADDED FOR THIS ENGLISH EDITION

An international HR team often asks who "signs off" sickness absence. In the Dutch system nobody does so in advance. The employer organises the process and documents the reasoning; UWV reviews it on paper at the end of the two years. That is why this guide puts so much weight on recording *why* a decision was taken.

Assumptions worth unlearning

- ☐ "Our occupational health provider manages the case." Advisers support you; the responsibility stays with the employer.
- ☐ "We may ask what is wrong." You may not. Ask about availability and work, not about health.

Dutch terms you will keep meeting

Dutch letters and reports use Dutch terms, and translating them away makes a file harder to follow. This guide keeps the Dutch term and adds an English explanation.

Dutch term	In this guide	What it is
Bedrijfsarts	Occupational physician	Independent registered doctor; the only party that assesses health and describes functional abilities.
Arbodienst	Occupational health service	The provider supplying the occupational physician and related support.
Arbeidsdeskundige	Labour expert	Independent specialist comparing described capacity with the real demands of the work. Not a doctor.
Belastbaarheid	Functional capacity	What someone can sustain: hours, pace, physical and mental demands.
Passende arbeid	Suitable work	Work fitting the employee's capacity, background and experience.
Probleemanalyse	Problem Analysis	The occupational physician's written analysis, around week six.
Plan van aanpak	Plan of Action	The joint plan by employer and employee, by week eight.
Spoor 1 / spoor 2	First / second track	Return to work with the current employer / with another employer.
Eerstejaarsevaluatie	First-Year Evaluation	The formal review around week 52.
Re-integratieverslag (RIV)	Reintegration Report	The complete file submitted with the WIA claim.
RIV-toets	RIV assessment	UWV's review of that file.
Loonsanctie	Wage sanction	An extension of the wage obligation by up to 52 weeks.
Deskundigenoordeel	Expert opinion	A non-binding UWV opinion on a specific dispute.
WIA	Work and Income (Capacity for Work) Act	Takes over after the two-year waiting period (<i>Wet werk en inkomen naar arbeidsvermogen</i>).
WGA	Return-to-work benefit	From 35% loss of earning capacity upwards. Also covers full incapacity (80–100%) that is not expected to be permanent.
IVA	Full and permanent incapacity benefit	Only where incapacity is both full <i>and</i> expected to last.
UWV	Employee Insurance Agency	Public body paying benefits and assessing employer efforts.

A *bedrijfsarts* is not a company-appointed medical examiner and an *arbeidsdeskundige* is not a rehabilitation supplier: both hold independent professional positions under Dutch law.

Who is holding the wheel?

A case stalls when everyone is doing something but nobody is watching the whole. Agree therefore who prepares decisions, who takes them and who follows them up. The employer remains responsible for its own obligations; an external party does not take that responsibility over. [1,2]

Role	Contribution to the case
Employer / line manager	Organises support and suitable work, holds the conversations and makes decisions workable.
Employee	Cooperates with reintegration, shares how the work is going and helps test agreements and options.
Occupational physician (bedrijfsarts)	Assesses the medical side and advises on functional abilities, limitations and support.
Case manager / HR	Monitors agreements, deadlines and follow-up. Medical information does not automatically belong with this role.
Labour expert (arbeidsdeskundige)	Connects the capacity described by the occupational physician with the concrete demands of the work.
UWV	Assesses, among other things, reintegration efforts and any entitlement to WIA benefit.

Checklist: control without role confusion

- ☐ One person keeps the overall picture and the next appointment.
- ☐ Employer and employee both know who their point of contact is.
- ☐ There is a route for putting new questions to the occupational physician.
- ☐ Decisions have an owner, a date and a moment to report back.

A small reality check

"The case manager will pick it up" only becomes an agreement once it is clear what is being picked up and by when. Otherwise it is a polite way of parking something in the fog.

The calendar: a handrail, not an autopilot

The moments below apply to the usual route under the Gatekeeper Improvement Act (*Wet verbetering poortwachter*). Start appropriate action as soon as it is needed: you do not have to wait for a milestone. Follow current instructions and the individual letter from UWV. [1,3]

Moment	Action and point of attention
Day 1	Follow the absence procedure, notify the occupational health service and make practical agreements about contact.
Around week 6	Where long-term absence threatens, the occupational physician draws up the Problem Analysis (<i>Probleemanalyse</i>).
By week 8 at the latest	Employer and employee draw up the Plan of Action (<i>Plan van aanpak</i>), based on the Problem Analysis.
At least every 6 weeks	Discuss progress together. Adjust agreements if options or circumstances change.
Week 42	Submit the 42nd-week notification to UWV, at the latest on the first working day after the 42nd week of sickness.
Around week 52	First-Year Evaluation (<i>Eerstejaarsevaluatie</i>): what has been achieved, and which route is needed now? The second track may be required earlier.
WIA stage	Prepare the Reintegration Report in good time. UWV writes to the employee at around 88 weeks; the claim normally has to be filed by about week 93.
Around week 104	Usual end of the waiting period. A wage sanction can extend the obligation to continue paying.

Before every progress meeting

- ☐ What have we actually carried out since the last appointment?
- ☐ What do we now know about the fit between the work and the available capacity?
- ☐ Which decision follows from that, and what has to be arranged for it?

Where capacity changes or progress stalls, earlier consultation may be needed. The six-weekly review is not a reason to leave a new problem untouched for six weeks. Deadlines are counted from the first day of sickness; keep to the dates in your own UWV correspondence.

Human and clear at the same time

A good absence conversation gives both space and direction. Start with contact and expectations. Then discuss the working arrangements that fit within the occupational physician's advice. Close with one clear overview of actions, owners and the next appointment.

An opening that works

Example

"Good to speak with you. I would like to hear how our contact and the current arrangements are working for you. After that we will look at what we can organise at work on the basis of the occupational physician's advice. You do not need to tell me any medical details."

Three questions that give direction

- ☐ Which agreed adjustment is helping, and which one is still not working in practice?
- ☐ Which uncertainty can we clear up today?
- ☐ Which concrete step do we agree on before the next contact?

The aim is to understand together what a working arrangement actually does. Where medical questions arise, put them to the occupational physician. A good conversation is not a consultation with a different chair.



Involved, without a medical file

Dutch employers may process only a narrow set of data about a sickness report. Ask about practical matters that the work requires, such as availability, expected duration and handover. Do not ask about diagnosis, treatment or medication. Medical details an employee volunteers do not belong in the employer's file either. [4]

A practical subject	Avoid this medical question
How and when can we reach you?	What exactly is wrong with you?
Can you indicate an expected duration?	Which medication are you taking?
Are there tasks that need handing over?	What does your doctor say about it?
Which working arrangements follow from the occupational physician's advice?	Can you tell me yourself what your medical limitations are?

Checklist before you record anything

- ☐ Is this detail necessary for an agreement about work or process?
- ☐ Does the note contain no diagnosis, treatment or private disclosure?
- ☐ Are access and sharing limited to people who need the information?
- ☐ Is it clear what is a fact, an experience or a question still open?
- ☐ Is medical information held separately, under the responsible professional?

If someone does share medical details

Respond kindly: "Thank you for your trust. You do not have to share this with me. For the medical assessment you can go to the occupational physician. We only record the relevant working arrangements."

A case manager has no right to medical data by virtue of a job title. Specific conditions and responsibilities apply where medical tasks are delegated. Organise the role and the flow of data clearly in advance. Dutch rules on health data at work are enforced by the Dutch Data Protection Authority (*Autoriteit Persoonsgegevens*) and sit on top of the GDPR, not instead of it. [4]

Make agreements you can actually carry out

“We will build up gently” sounds reassuring but leaves a great deal open. A workable Plan of Action (*Plan van aanpak*) describes the goal, the work, the conditions, who is responsible and the moment at which you assess whether it is working. Employer and employee draw it up together and discuss it at least every six weeks. [3]

Vague agreement	Workable agreement: fictional example
The employee will do light duties.	Together we select two administrative tasks that fit within the current advice from the occupational physician.
The manager will offer support.	The manager arranges a quiet workspace and names one colleague for questions.
Hours will be increased gradually.	The schedule follows the occupational physician’s advice. Before any increase we evaluate whether the agreed tasks and conditions are suitable.
We will stay in touch.	The progress meeting is on Tuesday. The case manager then shares the summary with those who need it.

Checklist for every new agreement

- ☐ Goal: what do we want to find out or achieve in this period?
- ☐ Tasks and conditions: what will happen, and what will not for now?
- ☐ Owner: who arranges which adjustment or action?
- ☐ Evaluation: when do we discuss what was done and what it produced?
- ☐ Adjustment: who involves the occupational physician if suitability is in doubt?

From form to practice

The plan is not finished once there are signatures on it. It becomes usable once the employee, the manager and the colleague who helps all know what will be different tomorrow.

Fewer hours is not always less strain

Hours tell only part of the story. Four hours under constant time pressure can land very differently from four hours of predictable tasks. Look therefore at pace, interruptions, physical demands, responsibilities and room to recover.

Examine the work, not just the job title

- ☐ Which tasks, peak moments and exceptions genuinely belong to the role?
- ☐ Which demands conflict with the current functional advice from the occupational physician?
- ☐ Can tasks, equipment, workplace, planning or supervision be adjusted?
- ☐ Is the adjustment sustainable in practice, including when the helpful colleague is on holiday?

The right comparison

The occupational physician describes the functional abilities. The labour expert (*arbeidsdeskundige*) examines how those relate to the work and which alternatives are realistic. A square block gets little joy from a round hole, not even if it tries half-days.

DUTCH CONTEXT — ADDED FOR THIS ENGLISH EDITION

In Dutch practice "suitable work" (*passende arbeid*) is a legal concept, not a courtesy. It covers work that reasonably fits the employee's capacity, education and experience, and may mean a different role, hours or location. The employer looks for it actively; the employee accepts it where reasonable.



The hours go up. So does the pressure.

The situation. Noor works in customer service. She returns on an adjusted hours schedule. On paper the build-up appears to be working. At work she now gets the same telephone peaks, urgent emails and escalations as before, but in less time. After every increase the strain grows.

Where does it go wrong?

The team adjusted attendance but barely examined the workload. The conclusion “building up is not working” comes too quickly. First it has to become clear whether the chosen tasks and conditions actually match the current advice from the occupational physician.

Step	Concrete approach
1. Gather facts	Describe call volume, interruptions, task duration and escalations. Record experiences at work without medical details.
2. Test suitability	Ask the occupational physician to clarify where the functional advice gives too little to work with. Have the workload examined by a labour expert if needed.
3. Organise tasks	Select predictable work and arrange how urgent tasks are taken over, so far as this fits the advice.
4. Evaluate	Assess on the agreed date: were the adjustments carried out, which tasks are going well and which questions remain open?

Take this into your own case

- ☐ We distinguish hours, tasks and circumstances in our agreements.
- ☐ We test the adjustment to the work before drawing new conclusions.
- ☐ We make any increase depend on a properly reasoned evaluation.

The lesson

A smaller plate helps very little if you pile the same meal onto it. Returning to work also asks for a suitable set of tasks.

From “perhaps” to a reasoned route

A labour expert assessment (*arbeidsdeskundig onderzoek*) helps when it is unclear whether the employee’s own work is still suitable, how it could be adjusted or which other options exist. It connects information about functional capacity, the work and the organisation. It does not replace the medical assessment. [1,9]

Four questions that give direction

Question for the assessment	What you actually want to know
Own work	Does the actual workload fit the capacity that has been established?
Adjustment	Which changes are possible and sufficient, and under which conditions?
Other work internally	Which roles or combinations of tasks have been examined, and why are they suitable or not?
Work outside the organisation	Is the second track relevant, and which starting points help the search profile?

Checklist: make the assessment usable

- ☐ The question names the decision for which you need advice.
- ☐ There is current, sufficiently clear functional advice from the occupational physician.
- ☐ The task description and workload describe the real working day.
- ☐ Employer and employee both get room to give their view.
- ☐ Conclusions lead to actions, conditions and a moment of evaluation.

When to look again?

Changed capacity, an altered role or a stalling process can all be reason for a fresh assessment or additional advice. A report is a reasoned judgement at a moment in time; it is not a route description with unlimited shelf life.

Two routes may be needed at once

The **first track** (*spoor 1*) aims at a return with the current employer: the employee's own work, adjusted own work, or other suitable work inside the organisation.

The **second track** (*spoor 2*) aims at suitable work with a different employer. So look internally beyond the former role, and do not stop the first track automatically when the second one starts. [1,5]

The timing has to be justified

Where there is no prospect of a structural return with the current employer, the second track may be needed before the end of the first year. UWV guidance — guidance, not statute; see page 23 — states that an adequate second track starts no later than six weeks after the First-Year Evaluation. Only where there is concrete prospect of a structural internal return within three months can it be left aside after that evaluation. A hopeful feeling is not a concrete prospect. [1]

What does a serious second track look like?

Work with a reasoned personal and search profile, suitable support and concrete activity. Discuss which roles fit, how opportunities are explored, what contacts or applications produce, and when the search profile or the support needs to change.

Checklist before a decision on the route

- ☐ Current options and internal possibilities have been examined sufficiently.
- ☐ The decision to start or postpone the second track is concretely reasoned.
- ☐ Activities match capacity, skills and the labour market.
- ☐ The first track continues; new internal openings are looked at again.
- ☐ Progress has substantive goals *and* a date for evaluation.

Medical circumstances can affect the route, for example where there is no usable functional capacity. Have this assessed medically and record when a review is needed. UWV's *Werkwijzer Poortwachter* dates from 1 August 2022 and is no longer updated. It is guidance rather than legislation: the binding framework is the Gatekeeper Improvement Act, the Regulation on the course of the first and second year of sickness and UWV's own assessment policy rules. Page 23 sets out what that means in practice. [1,11,12]

A process has started. But is it moving?

The situation. Pieter can no longer fully carry out his logistics work. The internal options have been examined and the second track has started. Three months later there is a polished CV and a progress report. There are hardly any concrete contacts with employers, and the search profile remains very broad.

An administrative start is not substantive progress

A CV is a means. The core question is whether suitable opportunities are being explored and used purposefully. Look at what the activities produce and which obstacle is blocking the next step. Sending more applications for unsuitable roles does not make the process better.

Question at the evaluation	Decision that may follow
Why these roles?	Sharpen the search profile against current capacity and transferable skills.
Which contacts have been made?	Organise a targeted approach to employers and report back on what it yields.
What does a rejection teach us?	Consider whether training, presentation, target group or search direction needs adjusting.
Have new internal openings appeared?	Re-examine the first track where capacity or the organisation has changed.

Checklist for the progress report

- ☐ It describes what was actually done and what that produced.
- ☐ It makes the fit between search profile and capacity visible.
- ☐ It names the next actions and the reason for adjusting course.
- ☐ It gives employer and employee insight into progress and open choices.

The lesson

The CV may shine. The process has to move. Do not only ask “has the assignment started?”, but also “which suitable opportunity has now been explored?”

Write down the reasoning behind the choice

A strong file shows how you used information, which options you examined and why you took a particular step. A full folder can still hold an empty answer. UWV assesses the result and, where that is insufficient, the efforts made and any sound justification for falling short. [1,6]

A practical structure for notes

Element	Fictional example, without medical data
Information	Current advice from the occupational physician and the task analysis have been discussed; the employee has explained his experience.
Options examined	Adjusting own tasks, changing the division of work, and two internal roles have been considered.
Weighing up	With option A the peak workload cannot be removed. Option B requires closer testing of the actual tasks.
Decision and action	The labour expert examines option B. The manager delivers the task description before the agreed date.
Evaluation	Employer and employee discuss the advice on the scheduled date and record the next choice.

Checklist: could an outsider follow this?

- ☐ The information is current and its source is recognisable.
- ☐ The different views of employer and employee are visible.
- ☐ A rejected option has a concrete reason.
- ☐ Advice is followed up; where it is not, the justification is recorded.
- ☐ Agreements and results follow on from one another logically.

Do not record medical details to make a judgement look "stronger". The employer's file and the medical file serve different purposes and have different access. [4]

Everyone is involved. Nobody decides.

The situation. A complex case involves HR, the line manager, a case manager, an occupational physician and a reintegration coach. There are a great many emails. The workplace advice is waiting for approval, the occupational physician is waiting for a specific question, and the employee does not know which agreement still stands.

Bring it back to three decisions

- ☐ What is the current route, and which information is missing in order to choose it?
- ☐ Who takes which decision and arranges the follow-up?
- ☐ When does the employee get one clear response?

Schedule a focused coordination meeting with only the people who need to be there. Work from a short list of decisions. Name the obstacle, the action required and the person responsible. Ask for medical clarification through the right professional; do not circulate medical information to bring everybody "up to speed".

The lesson

A relay baton on the table does not yet make a relay race. Keeping control means that someone actually organises the next step and checks that it has been taken.



When it stalls: make the question smaller

Stagnation can be a medical, labour-expert, organisational or relational problem. Name first which part is unclear. "It is not working" is a signal, but not yet a question a professional can answer.

What is unclear?	Suitable next step
Current capacity or medical advice	Clarification or re-assessment by the occupational physician. Under certain conditions an employee may ask for a medical second opinion from another occupational physician.
Suitability of the work	A labour expert assessment, or a fresh one, into workload, adjustments and alternatives.
Follow-up or coherence	File analysis and a focused coordination meeting with concrete decisions.
Disagreement about reintegration	Consider an expert opinion (<i>deskundigenoordeel</i>) from UWV, depending on the specific question.

The expert opinion: what it does and does not do

UWV can advise on matters such as whether work is suitable or whether reintegration efforts are sufficient. The opinion is not binding, but it can carry weight later in the assessment. It does not replace a WIA decision. A medical second opinion concerns the occupational physician's advice; additional labour expert advice serves a different purpose. [7]

Checklist before you call in help

- ☐ The question is concrete and matches the expertise you are engaging.
- ☐ Current advice, actions and the views of those involved are in order.
- ☐ You know which decision you want to take with the answer.
- ☐ You have agreed who turns the advice into follow-up actions.

Where a wage measure, dismissal or a workplace conflict is in prospect, the individual legal position needs separate assessment. Do not apply such measures on the basis of this guide.

Incapacity is also a question of earnings

For the WIA, UWV looks at the consequences of illness for what someone is still able to earn. The incapacity percentage is therefore not the same as a percentage of illness, a number of hours absent, or how someone feels. UWV assesses both the medical and the labour expert starting points. [8]

A simplified worked example

Comparable former earnings: €3,200. Remaining earning capacity according to the assessment: €1,600.

Loss: $(€3,200 - €1,600) / €3,200 \times 100\% = 50\%$.

This only explains the principle. It is not a benefit calculation and not a prediction of any individual assessment.

Loss of earning capacity	Main rule
Less than 35%	No WIA benefit on the basis of this percentage. That does not mean there are no limitations, or that no support is needed.
35% to less than 80%	WGA may apply.
80% to 100%, not permanent	WGA may apply. Being <i>fully</i> unable to earn does not by itself mean IVA: WGA also covers full incapacity that is not expected to last.
Full <i>and</i> permanent	IVA may apply, where the conditions are met. The incapacity has to be both full and lasting.

What to discuss with the employee beforehand

- ☐ Who explains the procedure and the documents required?
- ☐ Which questions are there about work, income and the assessment?
- ☐ Who helps in finding official information or personal advice?

The level and type of benefit depend on more factors. Obligations relating to work and reintegration can continue after a WIA decision as well. Do not assume automatically that employment or support ends. [8]

WIA: avoid a sprint with loose papers

Start organising in good time. The claim is an important moment for the employee; the Reintegration Report (*re-integratieverslag*) shows the joint efforts made. UWV states which documents and deadlines apply. It writes to the employee at around 88 weeks of sickness, and the claim normally has to be filed by about week 93. Keep to the date in the individual letter. [1,6,8]

Checklist: preparation with an overview

- ☐ The Problem Analysis and any relevant adjustments are available.
- ☐ The Plan of Action and its adjustments match the actions actually carried out.
- ☐ The First-Year Evaluation and the Final Evaluation are complete and current.
- ☐ The occupational physician's current opinion has been arranged.
- ☐ The employee knows how medical information is supplied through the right route.
- ☐ The views of employer and employee are recorded where required.
- ☐ Labour expert conclusions and activities in both tracks can be followed.
- ☐ Filing, submission and checking each have an owner and a deadline.

A wage sanction is not a fine for being ill

Where UWV finds insufficient reintegration effort without sound justification, or shortcomings in the documents, the obligation to continue paying wages can be extended by up to 52 weeks. During that extension the employer has to put the shortcomings right. Once that is done, a request to shorten the sanction may be possible. [6]

Save yourself a last-minute puzzle

Check not only that every document is present, but also that the documents tell the same current story. An old piece of advice, a new plan and a report that still refers to the former role all need clarifying before the file is submitted.

Absence policy starts before the sickness report

A protocol is useful. Daily working life decides as much: whether problems are raised early and whether adjustments are possible. Leadership asks for attention to workload, safety, clarity, and a conversation in which someone can voice a concern without immediately being labelled.

From good intention to team agreement

Signal in the work	Action you can examine
Everything is urgent.	Make priorities explicit and discuss what can wait.
Interruptions govern the day.	Examine whether protected working time or a different division of tasks helps.
Nobody knows who decides.	Make roles and escalation routes clear.
Problems are reported late.	Schedule a regular conversation about workability and expectations.
Several people report the same strain.	Examine the organisational risk, for example through the Risk Inventory and Evaluation (RI&E) and the associated plan of action. [10]

Checklist for the next team meeting

- ☐ We discuss workload and work organisation concretely, without individual medical information.
- ☐ We know how staff can raise problems safely.
- ☐ A reported problem gets an owner and a response.
- ☐ We assess whether a solution genuinely reduces the problem or only moves it.

Humour that helps

Laugh together about the meeting that needed a meeting. Never make an employee's illness, limitations or effort the joke. A smile should open the conversation, not close someone down.

How solid is your approach?

Use these questions in a progress meeting. A “no” is a starting point for improvement. Do not add the ticks up into a legal score: one important unresolved problem can weigh more heavily than eleven tidy answers.

- ☐ Employer and employee understand the current goal and the chosen route.
- ☐ The functional advice from the occupational physician is current and clear enough.
- ☐ The actual workload of the job has been described.
- ☐ Adjusted own work and internal alternatives have been examined concretely.
- ☐ Agreements have a responsible owner and a date for action.
- ☐ Working arrangements are organised in practice, not only written down.
- ☐ The evaluations lead to adjustment where that is needed.
- ☐ The timing and content of the second track are justified, where it applies.
- ☐ The views of employer and employee are visible.
- ☐ The file explains the reasoning behind decisions.
- ☐ Privacy and access to data are organised appropriately.
- ☐ Everyone knows which next step takes place, and when.

Choose no more than three points to improve

Which missing information most affects the decision? Which adjustment to the work really has to be arranged now? Which agreement has been left undone? Put exactly those points on the worksheet overleaf.

This self-check is an aid for discussion. A complete set of answers is no guarantee of a favourable assessment by UWV.

From reading to doing: the next 14 days

Use a case reference, not medical data. Choose one problem and no more than three actions. Fourteen days is a working window, not a statutory deadline.

Case reference and date

The problem: which question do we have to resolve?

The goal: which decision or improvement is needed?

Action	Who?	By when
1.		
2.		
3.		

Evaluation date: _____

Then we discuss: what has been carried out, what have we learnt, and which next step do we choose?

What applies now, and what is only announced

Dutch absence law is stable in outline and busy at the edges. This page separates what applies today from plans that are often reported as though they already did. Checked on 28 October 2026.

In force

Subject	Position on 28 October 2026
The Gatekeeper route	Unchanged in outline. The binding framework is the Gatekeeper Improvement Act, the Regulation on the course of the first and second year of sickness (<i>Regeling procesgang eerste en tweede ziektejaar</i>) and UWV's policy rules <i>Beleidsregels beoordelingskader poortwachter</i> (issued 2002, current text in force since 2006). [11]
UWV guidance, and what a court does with it	The <i>Werkwijzer Poortwachter</i> dates from 1 August 2022 and UWV no longer updates it. In a 2020 civil case the Advocate General concluded it has no status as a policy rule and is therefore not "law" for an appeal in cassation; the Supreme Court dismissed that appeal without reasons of its own. So a court need not apply it of its own motion. It is still far from irrelevant: UWV works from it, so it shows how your file is likely to be read. [12]
Simplified WIA assessment at 60+	Temporary: where the waiting period ends on or after 1 September 2025 and the employee is then 60 or older, UWV can assess the claim in a simplified way. It runs about two years from that date.

Announced, not in force

Plan	Status
Second-year reintegration duties for small and medium employers	Bill submitted 9 April 2026, still before the House of Representatives. Intended entry into force 1 January 2030. Nothing changes for now.
Coalition agreement of 30 January 2026	Announces more workable wage continuation, fewer reporting duties, less uncertainty about wage sanctions, tighter WIA reviews and abolition of the IVA for new cases. No dates; nothing in force.
Compensation for the transition payment on long-term incapacity	Proposals to limit this to small employers, and later to abolish it entirely, have repeatedly been postponed and are not in force. Check the position before relying on it.

Rules on sickness and incapacity change regularly. Before deciding in an individual case, check the current law, UWV's current instructions and the letters in that file. This edition is marked for human legal review before use in formal correspondence.

Clear advice also has to be workable

Is it still unclear which work is suitable, which route is defensible, or why a case is stalling? AD-Consult provides independent labour expert expertise to examine and substantiate those choices. [9]

Your question	How AD-Consult can help
Does the work still fit the available capacity?	Labour expert assessment, re-assessment and advice on the employee's own work or other suitable work.
Which adjustment is practically possible?	Workplace assessment and a judgement on the fit between the work and functional capacity.
Why is this case stuck?	Consultation, file analysis, additional labour expert advice and support with complex cases and coordination.
How do we prepare for the next stage?	Labour expert direction in the first and second track and in preparing for the WIA stage.

Bring one concrete question

For example: "We have adjusted the employee's own work, but we do not know whether this is structurally suitable. Which information is missing, and which assessment would help us choose?" That makes a first conversation far more focused.

Discuss a case

Book an appointment at ad-consult.nl/afspraak-maken/

Or get in touch at contact@ad-consult.nl or +31 30 207 24 28.

Please do not share medical data at first contact; we will first agree which information is needed and how it is exchanged securely.

AD-Consult works in Dutch and English. An assessment or a piece of advice can give direction, but it guarantees no recovery, no return to work and no particular outcome at UWV.

Sources, further reading and status

Checked against public Dutch sources on 28 October 2026. The numbers in the text refer to the list below.

Source	
1	UWV – Werkwijzer Poortwachter (version of 1 August 2022, no longer updated) and UWV's current pages on reintegration
2	UWV – Step-by-step plan for a sick employee
3	UWV – Plan of Action; 42nd-week notification
4	Autoriteit Persoonsgegevens (Dutch Data Protection Authority) – Rules for employers on sickness and health data
5	UWV – First and second track: other work
6	UWV – Assessment of the Reintegration Report
7	UWV – Expert opinion (<i>deskundigenoordeel</i>)
8	UWV – WIA, benefit levels and WGA
9	AD-Consult – Services
10	Nederlandse Arbeidsinspectie (Netherlands Labour Authority) – RI&E and plan of action
11	Beleidsregels beoordelingskader poortwachter (UWV 2002, current text in force since 2006) and the Regeling procesgang eerste en tweede ziektejaar, via wetten.overheid.nl ; Rijksoverheid and the House of Representatives for the 2026 bill and coalition agreement
12	Hoge Raad 11 December 2020, ECLI:NL:HR:2020:1997 (art. 81 RO), with the conclusion of Advocate General G.R.B. van Peursem, ECLI:NL:PHR:2020:972, nos. 2.15–2.16

About this English edition

This edition follows the Dutch guide *Grip op verzuim en re-integratie* and keeps its structure and content. Passages marked as added explain features of the Dutch system for readers without a background in Dutch law; they introduce no obligations beyond those in the official sources. The three cases are fictional.

Status and disclaimer

This publication gives general information about Dutch law and practice. It is not individual legal advice and creates no advisory relationship. Rules and policy change; always check the current source and the correspondence in the specific file. The legal content was checked on 28 October 2026 and is marked as ready for final human legal review before formal use.

The Dutch edition of this guide is available at ad-consult.nl/kennis/praktijkgids-verzuim-reintegratie/