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| **Sample return to work plan** |

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| **Employee name:** | **Claim number:** |
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| **Pre-injury position (attach job description):** | **Injury date:** |
|  |  |
| **Pre-injury workplace location:** | |
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| **RETURN TO WORK GOAL** | |
| Plan start date: | Plan end date: |
| Return to work plan goal (select one):  Pre-injury job  Pre-injury job, accommodated  Alternate work. If alternate work, provide position and description of work | |

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| **HEALTH RECOVERY** | |
| Accepted area of injury: | |
| Is there an active treatment plan that impacts return to work?  No  Yes, provide details | |
| Treating health professional(s): | Phone number(s): |

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| **FUNCTIONAL ABILITIES** |
| List functional abilities (what the employee can do) : |
| List precautions, if any: |

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| **PRE-INJURY JOB DUTIES** | **YES** | **NO** |
| Are the physical demands of the job within the employee’s functional abilities? |  |  |
| Are the essential duties of the job within the employee’s functional abilities? |  |  |
| List job duties the employee can perform: | | |
| List job duties the employee is unable to perform: | | |

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| **ACCOMODATIONS/SOLUTIONS** | | **YES** | **NO** |
| Are accommodations/modifications to the job duties required? | |  |  |
| Are accommodations/modifications to the workplace/workstation required? | |  |  |
| Is training required? | |  |  |
| Provide details on the type of accommodation/solution required.  Attach additional pages, as required. | Date to be implemented | Expected duration | |
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| **WORK SCHEDULE** | | | | | | | | |
| Days and hours scheduled each week | | | | | | | | |
| Work week (date) | Mon | Tue | Wed | Thu | Fri | Sat | Sun | Comments |
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| How will the employee be paid for the duration of the Return to Work Plan?  Rate of pay (e.g., hourly): | | | | | | | | |

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| **FOLLOW UP SCHEDULE** |
| Outline timeline/dates to monitor plan progress: |

**SIGNATURES:**

I have agreed to this plan:

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

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Plan approved (if approval required):

Senior Staff Lead Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Senior Staff Lead Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_