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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: \_\_\_\_\_\_\_\_\_\_\_\_