

Samples of Return to Work Plans

Please note that this is a sample to guide discussion and the development of a tailored return to work plan for an individual employee. It is not intended to address all situations.

SAMPLE ONLY

DEVELOP INDIVIDUALIZED RETURN TO WORK PLANS

A return to work plan lays out the steps that need to be taken to return an employee to his or her pre-injury job.

In the ideal situation, the plan is developed jointly by the injured employee, the employee's supervisor, and if applicable, the return to work program manager (who co-ordinates the process), the worker's health care provider (through the provision of restrictions), and the union representative, (if applicable). Supervisors from other areas, the medical department, or staff from the WSIB can assist in the process when the need arises. A return to work plan includes the following:

- **The goals of the plan.**
These goals set out milestones for the worker to achieve until he or she reaches the final goal: a return to pre-injury employment.
- **The actions required to achieve these goals.**
This includes the responsibilities of the worker, the supervisor, or manager, and any co-workers who will be assisting the worker.
- **Time frames for achieving these goals.**
These will provide a yardstick to measure the employee's progress. It is important that the plan has a beginning and an end, as graduated work is a means to achieve a return to pre-injury work, and is not an end in itself. Make sure to include a clear definition of what is considered progress (e.g., the employee can work five hours a day by week three, or the worker can assume tasks by week five).
- **Health care needs.**
If, for example, the worker is going to attend health or medical appointments during working hours, these visits must be co-ordinated with the requirements of the proposed return to work plan. Staff that will be impacted by these health care needs will also need to be advised (with the worker's permission).

The following pages contain examples of the kinds of formats you can develop for your return to work plans.

SAMPLE RETURN TO WORK PLAN #1

Employee: _____ Supervisor: _____

Objectives: Safe and timely return to pre-injury job
 Avoidance of recurrence or new injury

Limitations: _____

Nature of the job:
Temporary assignment until complete recovery
Permanent job with modifications

Accommodations, if any: Hours of work
 Reduced production
 Alternate job

Length of assignment: _____
What training is required? _____
How long is the training? _____
What are the safety precautions being taken during training?

What is the job? _____
What is the start date?
What is the date by which the employee will be back to pre-injury job.

Tasks: _____

Safety considerations: _____

Employee's Signature

Supervisor's Signature

Employee Representative Signature

Manager's Signature

SAMPLE RETURN TO WORK PLAN #2

Employee: _____ Date: _____

Goal: _____

Week 1 Limitations: _____

Comments: _____

Week 2 Limitations: _____

Comments: _____

Week _ Limitations: _____

Comments: _____

Week _ Limitations: _____

Comments: _____

Employee's Signature

Manager's Signature

SAMPLE RETURN TO WORK PLAN #3

RETURN TO WORK PLAN – PROGRESS REPORT

NAME: _____ CLAIM #: _____

NAME OF DEPT: _____ NAME OF SUPERVISOR: _____

OBJECTIVE: _____

Date: From/to _____ WEEK #1

Limitations: _____

Objectives: _____

Duties: _____

Hours: _____

Date: _____ Employee: _____ RTW Coordinator: _____

WEEK #1 Review

Objectives/Observations: _____

Employee's Comments/Concerns: _____

Action to Address Concerns: _____

Date: _____ Employee: _____ RTW Coordinator: _____

WEEK #2

WEEK #3

WEEK #4

C: Claims Adjudicator
Health Care Provider

SAMPLE ONLY

RETURN TO WORK PLAN – PROGRESS REPORT

NAME: _____

CLAIM #:

NAME OF DEPT: _____

NAME OF SUPERVISOR:

OBJECTIVE:

Date: From/to _____ WEEK #5

Limitations: _____

Objectives: _____

Duties: _____

Hours: _____

Date: _____ Employee: _____ Supervisor: _____

WEEK #5 Review

Objectives/Observations: _____

Employee's Comments/Concerns: _____

Action to Address Concerns: _____

Date: _____ Employee: _____ RTW Coordinator: _____

WEEK #6

WEEK #7

WEEK #8

C: Claims Adjudicator
Health Care Provider

SAMPLE ONLY

RETURN TO WORK PLAN – PROGRESS REPORT

NAME: _____

CLAIM #: _____

NAME OF DEPT: _____

NAME OF SUPERVISOR: _____

OBJECTIVE:

WEEK #9

WEEK #10

WEEK #11

WEEK #12

Copies to: Adjudicator
 Health Care Provider

SAMPLE ONLY

SAMPLE RETURN TO WORK PLAN #4

RETURN TO WORK PLAN		
NAME:	DATE:	
Goal: Return to regular duties	START DATE:	
	COMPLETION DATE:	
Limitations:		
Accommodation(s)		
Hours of work		
Location of work		
Supervisor		
DATE	DUTIES	FOLLOW-UP

Employee Signature: _____
 Employer Signature: _____

Print Name: _____
 Print Name: _____

SAMPLE RETURN TO WORK PLAN #5

RETURN TO WORK PLAN			
Workplace:	Location:		
Worker		Date of Birth	Claim No
Full Name			
Job	Injury	Date Injury Occurred	
	Phone		

RETURN TO WORK PLAN DETAILS

Plan Start Finish date or event

Limitations:

Name health care provider Date Contacted

Functional abilities(what can the employee do):

Return to Work Objective: (X in appropriate box)

(A) Pre-injury job	<input type="checkbox"/>	(B) Pre-injury job, with accommodations	<input type="checkbox"/>
Return to alternate job	<input type="checkbox"/>		<input type="checkbox"/>

Specify Agreed Objective:

ACTIONS:	Due date	Review date
----------	----------	-------------

Worker:

Supervisor: Name:

Modification to the work duties required? Yes No (Attach Details)

Specify:

Training required? Yes No (Attach Details)

Specify:

Modifications to work site required? Specify

Scheduled hours/days worked

Week		Week		Duties
1		7		
2		8		
3		9		
4		10		
5		11		
6		12		

I have read the above notice

Supervisor signature
Date //

Supervisor name

If you have any problems with the duties or your progress please contact your manager or supervisor immediately, as well as your adjudicator.

We have agreed to this plan

Worker signature
Date //

Worker name

Plan approved

Manager
Date //
