

RETURN TO WORK PLAN

The following Return to Work (RTW) Plan has been developed for:

1. Name: _____

2. Job Title _____

3. Work Location _____

4. Supervisor _____

5. Duties Considerations/

Restrictions

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Specific Duties to be avoided:

6. Hours/ Days of work: _____

7. Wages, including make-up pay where applicable: _____

8. Commencement Date: _____

9. Length of program: _____

10. Review Dates: _____

11. General Comments (include the purpose of suitable duties, any treatment arrangements): _____

12. The following parties have agreed to the program:

Injured Worker: _____

Supervisor: _____

Return-to-Work Coordinator: _____

Nominated Treating Doctor: _____

Union Representative (as appropriate): _____

Date: _____