BR09-GU01-TOOL02

Return to Work Plan Template

The following Return to Work Plan has been developed for:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Contact Number: |  |
| Job Title: |  | Work Location: |  |
| Supervisor: |  | Contact Number: |  |
| Return to Work Goal: |  |

Worker’s capacity:

|  |
| --- |
| Capacity and Restrictions: |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| Specific duties to be avoided or restrictions: |
|  |

|  |
| --- |
| Treatment Arrangements: |
| Date: | Time: | Treatment: |
|  |  |  |
|  |  |  |

Plan / Duties Details:

|  |  |  |  |
| --- | --- | --- | --- |
| Date plan developed: |  | Review date of plan: |  |
| Identified Suitable Duties: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Return to Work Days: | Mon | Tues | Wed | Thurs | Fri | Sat | Sun |
| Return to Work Hours: |  |  |  |  |  |  |  |

|  |
| --- |
| Equipment, workplace modifications or other strategies identified to support recovery at work: |
|  |

The following parties have agreed to the above plan:

|  |  |  |
| --- | --- | --- |
|  | Name and Signature: | Date: |
| Injured Worker: |  |  |
| Supervisor: |  |  |
| Return to Work Coordinator: |  |  |
| Treating Doctor: |  |  |