

RETURN TO WORK PLAN

To: Cindy Hastings, Personnel

From: _____
 (Supervisor name) (Department)

You are working with the following restrictions as per your physician:

You have been scheduled to return to work on (date) _____ at the following time: _____.

The following review and briefing has occurred:

- The physician's restrictions have been reviewed and are clear to the supervisor and injured worker.
- The supervisor is able to provide accommodated work.
- The injured worker has been told how to get help from others or their supervisor if needed.
- A review of pertinent safety policies/practices applicable to their restrictions has occurred.
- A review of pertinent Human Resources policies, including reporting off work, clocking in/out, and similar, have been reviewed.
- The Job Demand Analysis has been reviewed in conjunction with the restrictions indicated by the physician. Duties have been assigned as noted below.
- Requirements of the injured worker to work within restrictions have been clarified.
- Requirements of the supervisor to only assign work within restrictions have been clarified.
- Requirement of the injured worker to immediately go to their physician's office (or emergency room) if they are leaving work because they feel that they cannot perform the work or because they feel that they may have been re-injured. Bring paperwork back to supervisor.

Assigned Tasks (attach separate page if necessary):

Assigned Time Period	Assigned Duties	Evaluation/Review
		• Employee feedback
		• Employee feedback
		• Employee feedback