**Sample Return to Work Plan**

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| --- | --- |
| **Worker Name:** |  |
| **Pre-injury Job Position:** |  |
| **Pre-injury Supervisor:** |  |
| **Return to Work Supervisor (if different):** |  |
| **Effective Date:** |  | **Anticipated End Date:** |  |

**Job Position:**

|  |
| --- |
| [ ]  Pre-injury position |
| [ ]  Pre-injury position modified |
| [ ]  Different job with or without modifications  |
|  |

**Functional Limitations and Restrictions:**

(List the restrictions that require accommodating)

**RTW Plan Specifications:**

(Describe job duties, tasks, and modifications including necessary tools, equipment, and training)

**Hours (include progression schedule if applicable):**

|  |  |  |
| --- | --- | --- |
|  | **Days and Hours Scheduled Each Week** |  |
| **Work Week (Date)** | **Mon** | **Tues** | **Wed** | **Thur** | **Fri** | **Sat** | **Sun** | **Comments** |
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**Monitoring/review:**

[Outline schedule for regular monitoring and review]

Daily informal check-ins with supervisor at .

Follow up review meeting with , at [date, time, location]

In addition, if you (the worker), the employer, or the WSCC have any issues, difficulties, or concerns with the modified work, contact [outline who to contact, how, and what you will do]

**Signatures:**

By signing this Return to Work plan we confirm our participation in the development of the plan, that we understand our roles in the implementation and monitoring of the plan, and agree to actively participate as outlined above. It is expected that the worker will perform within their limitations and restrictions and perform only the duties outlined within the plan. Any challenges or difficulties will be reported immediately.

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor/Manager:  |  | Date: |  |
| Worker:  |  | Date:  |  |
| Union Rep (if applicable):  |  | Date: |  |