

# Samples of Return to Work Plans

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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: \_\_\_\_\_

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Date: From/to \_\_\_\_\_ WEEK #1

Limitations: \_\_\_\_\_

Objectives: \_\_\_\_\_

Duties: \_\_\_\_\_

Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Employee: \_\_\_\_\_ RTW Coordinator: \_\_\_\_\_

\_\_\_\_\_

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WEEK #1 Review

Objectives/Observations: \_\_\_\_\_

Employee's Comments/Concerns: \_\_\_\_\_

Action to Address Concerns: \_\_\_\_\_

Date: \_\_\_\_\_ Employee: \_\_\_\_\_ RTW Coordinator: \_\_\_\_\_

\_\_\_\_\_

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WEEK #2

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WEEK #3

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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:  
\_\_\_\_\_

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Date: From/to \_\_\_\_\_ WEEK #5

Limitations: \_\_\_\_\_

Objectives: \_\_\_\_\_

Duties: \_\_\_\_\_

Hours: \_\_\_\_\_

Date: \_\_\_\_\_ Employee: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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WEEK #5 Review

Objectives/Observations: \_\_\_\_\_

Employee's Comments/Concerns: \_\_\_\_\_

Action to Address Concerns: \_\_\_\_\_

Date: \_\_\_\_\_ Employee: \_\_\_\_\_ RTW Coordinator: \_\_\_\_\_

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WEEK #6

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WEEK #7

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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:

\_\_\_\_\_

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WEEK #9

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WEEK #10

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WEEK #11

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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**

**Claim**

Full Name

Birth

No

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

  

(B) Pre-injury job, with accommodations

  

Return to alternate job

**Specify Agreed Objective:**

**ACTIONS:**

**Due date**

**Review date**

**Worker:**

**Supervisor: Name:**

Modification to the work duties  
required?

Yes

No

(Attach Details)

**SAMPLE ONLY**

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 //

\_\_\_\_\_