

Return to Work Plan Form Template

The Return-to-Work (RTW) Plan Form includes sections to guide RTW planning participants in developing and documenting an injured worker’s RTW plan. All sections on the form should be discussed by the RTW planning participants to determine what information is required to document the injured worker’s RTW plan.

Employer Name: <i>May include a company logo.</i>	
Employer Contact Information: <i>Include information such as address, contact name and position, phone number, email, fax, etc.</i>	
RTW PLAN FORM	
Worker	Claim number
(Dates) From: To: <i>Record expected duration of restrictions and length of RTW plan. Dates should correspond with dates provided by health-care provider (HCP) on completed Medical Restrictions/Capabilities form.</i>	Review Date: <i>Specify a review schedule when medical restrictions/capabilities change and/or upon completion of plan.</i>
Scheduled Workdays	Specific Duties to be Performed <i>Describe as specifically as possible the duties the injured worker is to perform as part of his/her RTW plan.</i> <i>Do not write “light duties” or “office duties”. Such descriptors are too vague, and do not provide the employer, the WCB, health-care provider (HCP), supervisor, union (if applicable) or worker with enough information to ensure the alternate/modified work is within the injured worker’s medical restrictions/capabilities as outlined by the HCP.</i> <i>Duties must follow the injured worker’s medical restrictions/capabilities.</i> <i>Duties must be productive and contribute to the objectives of the employer.</i> <i>Duties must be within the skills and abilities of the injured worker.</i>
Hours of Work	
Treatment Appointments <i>List any dates and times the injured worker must be absent from work to attend medical appointments.</i> <i>(Report dates and times injured worker is away from work to the WCB, as wage loss for the appointments is paid by the WCB.)</i>	

Form continued on following page.



<p>Additional Equipment to be Provided List any alternate/assistive tools/equipment required to implement the RTW plan.</p> <p>(Additional tools/equipment must be provided in a timely manner prior to the injured worker's return to the workplace. The injured worker must receive training in the safe operation of any new equipment.)</p>	
<p>Any Additional Modifications Required Record any changes not yet captured in the other boxes.</p>	
<p>Activities to be Avoided Identify work activities not within the injured worker's medical restrictions/capabilities that the injured worker must not be allowed to perform.</p> <p>(Listing activities to be avoided lessens the likelihood that the injured worker will attempt them, and assists the supervisor in monitoring the safe work practices of the injured worker.)</p>	
<p>Injured Worker Signature</p>	<p>Date</p>
<p>Supervisor Signature</p>	<p>Date</p>
<p>RTW Coordinator Signature</p>	<p>Date</p>

RTW coordinator to complete RTW Plan Form in consultation with injured worker and his/her supervisor(s).

RTW coordinator to provide copy of completed RTW Plan Form to injured worker and his/her supervisor(s).

RTW coordinator to provide copy of RTW Plan Form to the WCB or injured worker's HCP(s) if requested.

RTW coordinator to retain copy of completed RTW Plan Form in injured worker's RTW file.

