

EARLY AND SAFE RETURN TO WORK AND MODIFIED WORK PLAN

GENERAL

Name _____ Department _____ Date _____
Injury _____ Supervisor _____

GOALS (to be completed at the outset for the entire expected rehabilitation period)

WEEK 1

Limitations _____
Objectives _____
Duties _____
Expected Hours of Work Normal ☐ Reduced _____

WEEK 2

Limitations _____
Objectives _____
Duties _____
Expected Hours of Work Normal ☐ Reduced _____

WEEK 3

Limitations _____
Objectives _____
Duties _____
Expected Hours of Work Normal ☐ Reduced _____

WEEK 4

Limitations _____
Objectives _____
Duties _____
Expected Hours of Work Normal ☐ Reduced _____

Date _____ Signatures: Employee _____ Manager _____ RTWF _____

PROGRESS (to be updated weekly and copy forwarded to RTWF)

WEEK 1

Observations _____
Employees Comments/Concerns _____
Action to Address Concerns _____
Actual Hours of Work Normal ☐ Reduced _____
Date _____ Signatures: Employee _____ Manager _____ RTWF _____

WEEK 2

Observations _____
Employees Comments/Concerns _____
Action to Address Concerns _____
Actual Hours of Work Normal ☐ Reduced _____
Date _____ Signatures: Employee _____ Manager _____ RTWF _____

WEEK 3

Observations _____
Employees Comments/Concerns _____
Action to Address Concerns _____
Actual Hours of Work Normal ☐ Reduced _____
Date _____ Signatures: Employee _____ Manager _____ RTWF _____

WEEK 4

Observations _____
Employees Comments/Concerns _____
Action to Address Concerns _____
Actual Hours of Work Normal ☐ Reduced _____
Date _____ Signatures: Employee _____ Manager _____ RTWF _____

