# Return to Work Plan

**Employee Details**

Name Job Title

Hours Worked Per Day Hours Worked Per Week

|  |
| --- |
| Location of Work Department Workplace Support Contact  |

Goals of Return to Work Plan

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Starting Work Days: Contract Work Days:

Starting Work Hrs: Contract Work Hrs:

## Return to Work Outline

Week 1

Days Work (Circle) M T W T F S S

Hours per Days

Rest Period Schedule

Duties

Week 2

Days Work (Circle) M T W T F S S

Hours per Days

Rest Period Schedule

Duties

Week 3

Days Work (Circle) M T W T F S S

Hours per Days

Rest Period Schedule

Duties

Week 4

Days Work (Circle) M T W T F S S

Hours per Days

Rest Period Schedule

Duties

|  |
| --- |
| Comments And Actions During Plan Period: |

## Review Dates / /

**Signed By:**

Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager/Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­