

**Sample 2.4 - Return to Work Program Schedule**

Name:
Job Title:
Department/Unit:
Supervisor:
Insurer:
Rehabilitation Team:

Week	Date	Monday	Tuesday	Wed	Thursday	Friday
1						
2						
3						
4						
5						
6						
7						
8						

<b><u>Work Activity:</u></b>
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<b><u>Restrictions:</u></b>
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<b><u>Follow Up Plan:</u></b>
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Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_