Return to Work Journal - Sample

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| **(Organization's Logo) Return to Work Journal** | | | | |
|  | | | | |
| **Check off which box most applies** | **YES** | **NO** | | **If NO, please explain** |
|  | | | | |
| 1. Were your modified/alternate work duties within your outlined abilities? | □ | □ | |  |
| 2. Did you understand the job duties assigned? | □ | □ | |  |
| 3. Was an appropriate amount of work assigned (enough but not too much)? | □ | □ | |  |
| 4. Did you have the correct tools/training to perform the assigned job duties? | □ | □ | |  |
| 5. Were you able to complete the job duties without having to ask someone for help? | □ | □ | |  |
| 6. Were you able to complete (without difficulties) the assigned job duties? | □ | □ | |  |
| 7. Were you able to complete your hours for all of your scheduled shifts this week? | □ | □ | |  |
| 8. Were you able to complete your shifts using only regular rest breaks? | □ | □ | |  |
|  | | | | |
| 9. If you were having difficulties performing your job duties did you tell anyone? | □ | □ | | * N/A If YES/NO, explain: |
| 10. Did you attend any medical appointments this week related to the injury? | □ | □ | | Hours Missed: |
| 11. Is there anything you feel you need in order to continue with your accommodation  during recovery? | □ | □ | | If yes, explain: |
|  | | | | |
| **Additional Comments:** | | | | |
| **Worker Name:** | | | **Date:** | |
| **Supervisor Comments:** | | | | |
| **Supervisor Name:** | | | **Date:** | |

The use of this material is intended for Organization's Name