Return to Work Plan Offer and Outline - Sample

**(Organization's Logo)** Meeting

* Initial
* Progress

**Return to Work Plan Offer and Outline**

Worker Name: Date of Meeting:

In an effort to assist in your recovery, we are providing you with the following return to work plan: You will be returning to work in the following department/location:

While participating in the return to work plan, your supervisor will be:

The following abilities/limitations will be in place during your return to work plan:

The following work duties will be included as part of your return to work plan:

The initial modified/alternate work placement will be from: to with a

meeting on to review/update the return to work plan. We are requesting that you provide an updated FAF at that meeting. **Please arrange a medical appointment in advance that allows time for your updated abilities to be provided to the Return to Work Coordinator.**

You will be working the following days and hours:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Date/Week | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Week 1 |  |  |  |  |  |  |  |
| Week 2 |  |  |  |  |  |  |  |

* You will be paid (enter e.g. your pre-injury rate) for the hours you work.
* Please work only within your abilities. If modifications are needed to the above schedule or duties, these changes will be communicated in advance.
* It is expected that you schedule all medical appointments related to your workplace injury around your work hours whenever possible.
* In the event you are unable to attend a shift, please speak to both the supervisor and the WCB. If the time loss is due to your injury, you must seek medical treatment on the first day of your absence. Please note, your time loss is **not** automatically approved by the WCB -- please contact your adjudicator or case manager.
* As part of the plan you may be required to complete a Return to Work Journal detailing your status.

Should you have any questions or concerns, please contact the Return to Work Coordinator (name) at (number).

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

Month/2021

**(Organization's Logo)**

We are happy you are back! Please know we will cooperate and work with you during your recovery.

Worker Signature: Supervisor Signature:

Return to Work Coordinator Signature: Union Signature:

***\*Copies to be provided to the Worker, Supervisor, Return to Work Coordinator, Union representative if applicable and WCB\****

*If at any time you disagree with the return to work plan, or if during the plan you experience difficulties which cannot be resolved with your supervisor or Return to Work Coordinator, you have the right to contact the WCB at 204-954-4321 or 1-855-954-4321. The WCB will make the decision about suitability of the return to work plan and impact on WCB benefits.*