

Return to Work (RTW) Plan

Employee's Name: _						
Start Date of Plan:			End Date of Plan:			
Goal of RTW process Pre-injury job Modified pre-inj Alternate job (at	ury job	ion)				
	Workdays per week	Work hours per day	Work activities	Functional abilities	Accommodatio n	Safety considerations
Date of Week 1:						
Date of Week 2:						
Date of Week 3:to						
Date of Week 4:						
Does the RTW plan i	nvolve a tempora	ry assignment t	o a different posi	tion?		
Yes (Please answeNo	er the questions I	oelow.)				
What is the new pos	ition?					
What is the length of	f assignment (if k	nown)?				
What training is requ	uired?					
Which safety precau	tions are being to	ken during trair	ning?			
Employee's Signature			anager's Signatur	e	 Date	

Templates and other resources from LINK HR Inc. are provided for clients for informational purposes only. Clients may use templates as is, or as a starting point for their own documents. LINK HR Inc. assumes no responsibility for the validity, enforcement, or effectiveness of its templates and other client resources. Always consult with our team or your legal counsel before implementing any new policies or procedures at your organization.