



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-injury job
- Alternate job (attach job description)

	Workdays per week	Work hours per day	Work activities	Functional abilities	Accommodation	Safety considerations
Date of Week 1: _____ to _____						
Date of Week 2: _____ to _____						
Date of Week 3: _____ to _____						
Date of Week 4: _____ to _____						

Does the RTW plan involve a temporary assignment to a different position?

- Yes (Please answer the questions below.)
- No

What is the new position? _____

What is the length of assignment (if known)? _____

What training is required? _____

Which safety precautions are being taken during training? _____

Employee's Signature

Manager's Signature

Date