# Form H: Manager/Supervisor Communication Log

## Employee Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last name: | | First name: | | Middle initials: |
| Occupation: | | | | |
| Usual work schedule: | | | | |
| Phone numbers (include area codes):  Home:  Cell:  Work: | | | | |
| Supervisor name: | | | | |
| WorkSafeBC contact:  Name:  Phone: (include area code) | | | | |
| Nurse advisor:  Name:  Phone: (include area code) | | | | |
| Date of injury (yyyy-mm-dd): | Area of injury: | | | |
| Date received physician’s functional assessment  (yyyy-mm-dd): | | | Date worker will return to regular job  (yyyy-mm-dd): | |
| Type of accommodation:  🞏 Modified work 🞏 Alternate duties 🞏 Modified hours | | | | |
| Start date of RTW plan (yyyy-mm-dd): | | | Plan prepared by: | |

Fill out this page for each communication with the injured employee. Make copies as necessary.

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| Date and time of communication:   * Meeting * Telephone * Attempted telephone * Cancelled by |
| Work discussion: |
| Return-to-work planning discussion: |
| Challenges, if any: |
| Action plan regarding challenges: |
| Other relevant information: |

Next meeting time and date:

Completed by: