# Form H: Manager/Supervisor Communication Log

## Employee Information

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| 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: