# Form I: Return-to-Work Plan

Timely return to work helps injured employees return to suitable job tasks as part of their recovery and rehabilitation. A graduated return-to-work (RTW) plan progresses employees back to their regular duties in a specified time frame. The primary focus is safe, timely return to work.

Date of plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Employee last name: | First name: | | Middle initial: | WorkSafeBC claim #: |
| Occupation: | | Normal job tasks: | | |
| Type of RTW plan (modified or alternate): | | Area and date of injury: | | |
| WorkSafeBC case manager: | | Plan prepared by: | | |
| RTW start date: | | RTW end date: | | |
| Length of RTW plan: | | Date employee will return to regular full-time duties: | | |
| Name and contact information for supervisor: | | Name and contact information for RTW coordinator: | | | |
| Other key parties: | | | | | |

|  |  |
| --- | --- |
| Start date and hours of work: | Note any change to pre-injury hours, if applicable: |
| Other information (for example, work location): | Duration of this plan: |
| Time and date for next meeting (see also progression plan): | Other comments: |

|  |  |
| --- | --- |
| **Job tasks** | **Limitation/restriction and accommodation, if indicated** |
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## Expectations and Special Instructions

This plan will guide you in returning to your regular job activities by gradually increasing your duties as you recover from your injury. For example:

* **At the end of each day** — Check in with your supervisor (or first aid attendant) to let him or her know how you are progressing with the RTW plan.
* **Immediately** —Contact your supervisor if you are not progressing as per your RTW plan or if you have any concerns or are asked to perform duties not included in the plan.

## Progression Plan

Note any changes in hours, duties or other accommodation for each week.

|  | **Start date** | **Additional duties, hours, progression** | **Follow-up date** |
| --- | --- | --- | --- |
| Week 1 |  |  |  |
| Week 2 |  |  |  |
| Week 3 |  |  |  |
| Week 4 |  |  |  |
| Week 5 |  |  |  |
| Week 6 |  |  |  |
| Week 7 |  |  |  |
| Week 8 |  |  |  |

Signatures (employee, supervisor and other participants):