# SAMPLE RETURN-TO-WORK (RTW) PLAN

**Worker's name:** _____

**Pre-accident job position:** _____

**Pre-accident supervisor:** _____

**Modified work supervisor (if different):** _____

**Effective date:** _____ **Anticipated end date:** _____

**Job position:**

- ☐ Pre-accident job – modified duties/hours
- ☐ Alternate job, with or without modifications
- ☐ Re-bundled tasks
- ☐ Home position

**Functional limitations and restrictions that require accommodation:**

**RTW plan specifications** (describe job duties, tasks and modifications, including necessary tools, equipment and training):

**Hours** (include progression schedule if applicable):

| Days and Hours Scheduled Each Week | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Work Week (Date) | Mon | Tues | Wed | Thur | Fri | Sat | Sun | Comments |
| | | | | | | | | |
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**Monitoring/review** (outline schedule for regular monitoring and review):

Daily informal check-ins with supervisor at _____ (date, time, location)

Follow-up review meeting with _____ (name)

at _____ (date, time, location)

In addition, if you, the worker, employer or WorkSafeNB has any difficulties or concerns with the modified work contact, please contact:

_____

**Signatures:**

By signing this document, we confirm our participation in the plan's development. We understand our roles in the plan's implementation and monitoring, and agree to actively participate as outlined above.

Supervisor/manager: _____ Date: _____

Worker: _____ Date: _____

Union representative
(if applicable): _____ Date: _____

# EARLY AND SAFE RETURN TO WORK OFFER

Employer's name / location: _____

Worker's name: _____ Claim number: _____

We're committed to helping employees make an early and safe return to work. Working is good for physical and mental health. In fact, it often helps speed healing.

We're offering the following modified duties:

Describe specific job duties and the physical requirements of each duty and/or attach any functional job description.

We are offering the following hours:

☐ Full time

☐ Modified hours (please specify: _____ )

☐ We would like help in identifying modified duties.

Employer contact responsible for return-to-work program: _____

Employer contact phone number: _____

Employer's signature: _____

Please email the completed form through MyServices or fax to 1 888 629-4722.