## RETURN TO WORK CASE PLAN FORM

| Date: | WCB Claim #: |
| --- | --- |
| This plan covers the time period  | WCB Adjudicator name & number: |
| From: | To: |  |
| Employee: | Phone #: |
| Position: |
| Manager: | Phone #: |

| Health Recovery |
| --- |
| 1. Anticipated recovery time:
 |  |
| 1. Treatment (scheduled or proposed):
 |  |
| 1. Next appointment date(s):
 |  |

| Accommodations |
| --- |
| This plan is intended for (check one): | Objectives (select one): |
| * Stay at Work (SAW)
* Return to Work (RTW)
 | * Pre-injury job
* Pre-injured job accommodation
* Work Comparable
* Alternative Work
 |

|  | Yes | No | Not Known |
| --- | --- | --- | --- |
| 1. Are the physical demands of the job within the Employee’s Fitness to Return to Work?
 |  |  |  |
| 1. Are the essential duties of the job within the Fitness to Return to Work?
 |  |  |  |
| 1. Does the employee have the knowledge and skills required to do the job, where applicable?
 |  |  |  |
| 1. Does the job description accurately reflect the job being done?
 |  |  |  |

List the job tasks: (attach additional pages, if needed)

|  |
| --- |

Outline required modifications to work duties: For example: technical aids, furniture, hours, and productivity/quotes).

|  |
| --- |

| Functional Abilities |
| --- |
| 1. Identify source(s) of functional abilities and date(s):
 |
| 1. Has a Fitness to Return to Work Form been completed?
	* Yes, date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ If no, date expected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. List the precautions, if any
 |
| Temporary | Duration | Permanent |
|  |  |  |
|  |  |  |
|  |  |  |

Comments:

|  |
| --- |

| Develop Outcomes |
| --- |
| Actions: List the steps required to achieve the outcome(s) | Anticipated outcome | Assigned to | Follow-up date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Outline frequency of contact and by whom, if necessary, in addition to the specific follow-up dates:

|  |
| --- |

| Work Schedule |
| --- |
| Week with dates | Days of week | Hours per day | Duties |
| Sample:Week 1: Feb 11 | Monday, Thursday | 3 hours (9am to 12pm) | General Clean-up |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

Signature or acknowledgement of receipt:

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original copy is sent to Management