Return to Work Plan

Plan prepared for:		Claim Number:	
Position at the time of injury:			
Location:		Supervisor:	

Recommended role/duties:

Suitable Duties:
Duties to be avoided:

Plan Duration:		Commencement Date:	
Review Date:		Expected Date of Return Post Injury:	

Hours/days of the week:

Week 1:	
Week 2:	
Week 3:	
Wages (award if applicable):	
Current medical certificate from and to dates:	
Partial/total incapacity:	
Restrictions:	
Considerations:	

General Comments:

The following parties have agreed to this plan:

Name (Print): Role:

Signature: Date: