

Return to Work Plan

The following return to work plan has been developed for _____

Job Title _____

Work Location _____

Manager _____

Duties _____

Restrictions _____

Specific Duties to be Avoided _____

Hours/Days of work _____

Commencement Date _____

Length of program _____

Review Dates _____

General Comments _____

The following parties have agreed to the program:

..... Injured Worker/...../.....

..... Manger/...../.....

..... Rehabilitation Officer/...../.....

..... Medical Practitioner/...../.....