

## Return to Work (RTW) Plan (CONFIDENTIAL ONCE COMPLETED)



Employee's Name: \_\_\_\_\_

Manager / Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

RTW Plan Start Date: \_\_\_\_\_

Expected Plan End Date: \_\_\_\_\_

**End goal of the RTW Process** (ie, original job, original job with modifications, alternate job, etc):

**Define Limitations** (cognitive, episodic, physical, equipment, environmental, etc):

**Define Accommodations:**

### RTW suggested weekly rollout

Week	Hours	Limitations	Accommodations

This document is a general plan and is subject to changes that might be introduced during the monitoring stage of the process.

Check-ins will occur every: \_\_\_\_\_

Plan will be reviewed: \_\_\_\_\_

\_\_\_\_\_

Employee's Signature

\_\_\_\_\_

Manager's Signature

\_\_\_\_\_

Date