# Return to Work Plan

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s name |  | Date |  |
| Job title |  | Work location |  |
| **Manager/supervisor** |  | Treating medical practitioner |  |

## Overarching goal of the Return to Work Plan (SMART goal - specific, measurable, achievable, relevant, and time-based goals)

## Medical restrictions/work activities to be avoided (as outlined in certificate of capacity, if applicable)

Specific workplace supports and modifications required to achieve the goal

These may include:

* Change working hours to allow for the effects of medication.
* Work part time or split shifts.
* Take more frequent breaks.
* Support a graduated return to work from sick leave.
* Make shift or work location changes.
* Make environmental adjustments to avoid excessive light or noise
* Reduce workload or modify tasks.
* Vary tasks or allow a self-paced workload.
* Ensure an employee who has been off work, doesn’t return to a back-log of work or emails.
* Identify and modify tasks that the employee may initially find stressful and try to remove or reduce these.
* Establish goals, prompts, reminders and checklists to assist the employee with time-management
* Modify performance-related pay arrangements.
* Reallocate work within the team, capitalising on individual team member's strengths.
* Review all temporary changes regularly to ensure they are working for everyone.
* Provide access to professional mentoring, coaching or on-the-job peer support.
* Provide extra training, mentoring, and support.
* Make changes to supervision. Modify how instructions and feedback are given, e.g. send follow up emails after a meeting to ensure information is clear for all parties, and the individual is not having to rely on remembering lots of instructions.
* Have brief weekly meetings to review what is working well and discuss issues as they arise.
* Allow extra time to learn tasks. Arrange for the employee to attend tailored training sessions.

Specific workplace supports and modifications required to achieve the goal cont.

**Hours/days of work** (include start and finish times if flexible working hours adopted)

|  |  |
| --- | --- |
| Return date  |  |
| Length of plan |  |
| Review date |  |

The following parties have agreed to this Return to Work Plan. If any problems occur in completing tasks, they will be immediately communicated to the workers supervisor/manager

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Employee)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisor)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Return to Work coordinator - if applicable)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Treating doctor)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Union representative - if applicable)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_

*A copy of this completed Return to Work Plan must be sent to all named parties.*

*Disclaimer:**If this plan is being developed for an employee who has an accepted workers’ compensation claim, it is recommended that you confirm the Return to Work Plan documentation requirements with your workers’ compensation agent and/or relevant regulator.*