



Graduated Return to Work Schedule

Initial Meeting
 Progress Meeting

Name: _____ Date: _____
 Supervisor: _____ Position/EFT: _____
 Site: _____ Insurer: _____
 Union: _____

F/T Extra-Cover all Hours P/T Extra-Cover as Indicated On Own for Hours Worked

| Date (Sun Start) | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|------------------|--------|--------|---------|-----------|----------|--------|----------|
| Week | | | | | | | |
| Week | | | | | | | |
| Week | | | | | | | |
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| Week | | | | | | | |
| Week | | | | | | | |
| Week | | | | | | | |

Tasks for Participation:

Restrictions/Barriers:

Action Items / Follow Up Plan:

Next Progress Meeting: _____ Return to Payroll Date: _____

Expected Program Completion Date: _____ Return to Full Duties Date: _____

Rehab Team Participants:

Absent Participants:

Verbal agreement from all parties obtained in the meeting

Employee Responsibility

1. Attend all shifts as agreed upon. If unable to attend shift as scheduled, report absence as per usual site process and contact manager to identify nature of the absence. Supporting medical documentation may be requested.
2. Maintain all regular rules of the workplace, including performance standards, professional codes of conduct, workplace policies, and collective agreements and professional licensing requirements if applicable.
3. Work within restrictions as supported by medical documentation and participate in treatment plans as directed.
4. Immediately inform your manager of any challenges or barriers. Complete weekly reports if requested.
5. Changes to the RTW program may be made in discussion between the employee and the manager, however significant changes such as a cancellation or lengthy delay must be supported by objective medical information. The employee is responsible for providing this information.
6. Provide up to date medical documentation that provides current restrictions or limitations. If conflicting information has been received the employee is responsible to provide clarifying medical information.
7. The employee will obtain a medical certification approving a return to full duties.

Employer Responsibility

1. Provide a safe work environment while respecting the restrictions as outlined in the RTW plan.
2. Consider the employee in a supernumerary position if applicable.
3. Ensure employee is not scheduled to work statutory holidays.
4. Manager to advise Disability Case Coordinator if there are any significant changes to the schedule, concerns or new barriers.
5. Manager to educate other staff on the parameters and purpose of the program and encourage respect for members who are returning to work following illness or injury.
6. Inquire into conflicting information or concerns.

Union Responsibility

1. Educate other staff on the parameters and purpose of the program and encourage respect for members who are returning to work following illness or injury.
2. Maintain communication with employee and employer throughout the RTW Program.
3. Support and assist the employee in the RTW as per Collective Agreement.
4. Provide education and information on duty to accommodate.