



## RETURN TO WORK – EMPLOYEE WEEKLY REPORT

Name: \_\_\_\_\_ Site/Supervisor: \_\_\_\_\_ Week# \_\_\_\_\_

*Please complete this form & share your progress with your Supervisor at the end of each week.  
Sign where indicated (ensure both you and your Supervisor have a copy)*

Date	Hours Worked/Duties Performed	Comments/Symptoms/Difficulties/Missed Days with Explanation

**Employee's General Comments on the week:**

---



---



---

**Employer's General Comments on the week:**

---



---



---

Employee Signature: \_\_\_\_\_

Employer Signature: \_\_\_\_\_