

# (Sample) RTW Plan

Company Name and Address

The following RTW plan has been developed for

Given Name                      Surname

Job Title                      Supervisor's Name                      Work location

Name of Employer's RTW Coordinator                      Telephone

Name of Medical Practitioner                      Telephone

JTA Attached                      Job description Attached

Work Readiness Form Attached  Release of Information Completed

Job Accommodations

Tasks to Be Performed	Limitations	Dates	Location	Supervisor

Hours Per Day

Week 1		Week 5	
Week 2		Week 6	
Week 3		Week 7	
Week 4		Week 8	

Specific duties/tasks/actions to be avoided


Date of Expected Return to Pre-Injury/Illness Work

General Comments                      Review Meeting Dates                      (weekly review advised)

The following parties have agreed to this plan:

Signature

Print name/telephone #

\_\_\_\_\_

Injured Worker\_\_\_\_\_

\_\_\_\_\_

Supervisor\_\_\_\_\_

\_\_\_\_\_

RTW Coordinator\_\_\_\_\_