

15.1 – Return to Work Offer/Plan



General

Name:	Injury Type:
Start Date:	End Date:

Acceptable Tasks

Restricted Tasks

Notes

The injured worker is responsible for his/her actions at the worksite and will not perform any excluded tasks, or tasks that cause excessive pain or discomfort to the injured area. Should the injured worker experience any difficulty performing a task, he/she will immediately notify his/her supervisor.

The injured worker will not receive any form of reprimand or disciplinary action for refusing work based on his/her medical condition. If any discrepancies occur between the injured worker and his/her supervisor, the employer representative will be consulted immediately.

Sign Off

Injured worker:	Date:
Site supervisor:	Date:
Employer representative:	Date: