



Huron-Superior Catholic District School Board

**Appendix 4
Return to Work Plan**

Employee's Name: _____

Start Date: _____ End Date: _____

Job Title: _____

Goal of RTW process: _____

	Functional limitations	Workdays per week	Work hours per day	Job tasks	Accommodation	Safety considerations
Block 1						
Block 2						
Block 3						
Block 4						

Does the RTW plan involve a temporary assignment to a different position?

- Yes (Please answer the questions below)
- No

What is the new position? _____

What is the length of assignment (if known)? _____

What training is required? _____

What safety precautions are being taken during training? _____

Employee's signature

Manager's signature

Date