CONTACT US AT: t 709.778.1000 t 1.800.563.9000

VISIT US AT: workplacenl.ca

## Early and Safe Return-to-Work Plan



June 2016

This plan must be returned to WorkplaceNL within five days from receipt of functional abilities information.  SECTION A - GENERAL INFORMATION  An updated ESRTW plan must be submitted when changes are made.																		
1	Employer name	m numb			Date of in		yyyy/mm/dd	Е	SRTW	RTW Initial								
											pl	lan type:	uent					
2	Worker's last name	First name			Initial	Pro ini	ury job tit		Date	of birth:	yyyy/mi	m/dd	Claim num	Prior Hours				
	Worker's last flame	IIIIIIai	Pie-iiij	ury job iii	le	Date	l I	, yyyy/////			III IIuiiibei							
3	Is a copy of the current pre job description attached?	-injury	Yes If No	No, ple	ease exp	se explain:												
SECTION B - ESRTW INFORMATION (See sample for instructions on completing the plan.)																		
4	Is return to work appropria	te?	Yes If No	No, ple	ease exp	lain:												
If Y	If Yes, please complete the following:  Modified (reduced)  yyyy/mm/dd																	
a) State level of hours worked (check one)																		
b) Is the worker performing all duties of the pre-injury job with no restrictions?  Yes  No																		
וווי	lo, list essential pre-injury jo	ob dulles <b>be</b> ll	ng penorme	u.														
_																		
Lis	t current restrictions:																	
Lis	t <b>new</b> duties being perforr	ned different	t from the p	re-injur	y duties:													
c) Have workplace accommodations such as assistive devices or worksite modifications been provided?   Yes No																		
lf Y	es, what are they?																	
SEC 5	TION C - SUBSEQUEN	•			SIAI	US)	(Only co	mplete for p	olans after	the initial pla	an.)							
	Have the pre-injury duties changed since the last pla		ng perionne	u	Y	es 🗌	No If	Yes, have	they:	Increa	sed	Decrea	sed					
6	Have the hours of work ch	anged since	the last plan	?	Y	es 🗌	No If	Yes, have	they:	Increa	sed	] Decrea	sed					
7	Has the return-to-work pro	gram stoppe	d?		Y	es 🗌	No If	Yes, enter	date the	program sto	opped.		yyyy/mm/d	d				
SEC	TION D - RETURN-TO-	WORK SCI	HEDIJI E															
8	HOR B - RETORN-TO-		HEDOLE					Н	ours ner	day paid by	emplove	er		Gross				
	From date (yyyy/mm/dd)			date nm/dd)		Hours type	Sun	Mon	Tue	Wed	Thur		Sat	hourly wage				
	(9999,	1 1	(,,,,,,,	1	<u> </u>	1,700			1.00	1100	11161							
					<u>                                     </u>									\$ .				
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														\$ .				
														\$ .				
				Hours	type: E	- ESRTW	/ hours /	A - Annual le	ave H -	Statutory hol	liday S -	- Sick leave	P - Other p	paid leave				
$\overline{}$	TION E - ADDITIONAL	COMMENT	rs															
Is additional documentation attached?																		
SEC	TION F - SIGNATURE,	CONSENT	AND DEC	LARA	TION													
10	·				All em					rkplace Health			Do you wan	t 🗆 🗸				
	Has the worker participated in the development of this ESRTW plan?  Next expected plan review date    Compensation Act to co-operate in the worker's early and safe return to suitable and available employment with the injury employer while the worker is receiving active medical rehabilitation for a work injury.																	
		ease	+							stand that givir is offence.	ng false							
1	Yes No If No, please explain in Section E. (yyyy/mm/dd)    Tolophone number   Data (yaya/mm/dd)																	

Employer / representative signature

Telephone number

Date (yyyy/mm/dd)

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June 2016 **ESRTW** 

SEC	TION A - GENERAL IN	FORMATIO	This plan n  N An updated										functio	nal ab	ilities ii	nform	ation.			
					m num	ber		Date of injury: уууу/				1 1		ESRTW		Init	al			
XYZ Inc.					2	2 1	_	6 7			4 0	7		2 p	lan ty	oe: [	Suk		louro	
2	Worker's last name	First name														Revise Prior Hou  Claim number				
	Doe	John		P								, 0	1	1 2	1 1	4	5 6			
3	Is a copy of the current pre		Yes If No	n nle	ase ex												,   -			
	job description attached? No No current job description																			
SEC	TION B - ESRTW INFO	RMATION	(See san	nple i	for instr	uctions	on co	ompleting	the plan.)											
4	ls return to work appropria	te?	Yes If No	o, ple	ease ex	cplain:														
If Y	If Yes, please complete the following:    Modified (reduced)   yyyy/mm/dd     yyyy/mm/dd																			
a) State level of hours worked (check one)																				
b) Is the worker performing all duties of the pre-injury job with no restrictions?																				
If No, list essential pre-injury job duties <b>being</b> performed:																				
reg	gular cashier duties																			
List	t current restrictions:																			
av	oid repetitive lifting																			
List	t <b>new</b> duties being perforr	ned different	t from the pre-i	njur	y dutie	s:														
SU	reeping floor																			
c)	Have workplace accomm	nodations su	ch as assistive	de)	vices o	or work	csite	modifica	ations be	en pr	ovided	12	Yes		No					
										о р.	01.000		100	<b>′</b> ∟	] 110					
" '	es, what are they? <i>right</i>	Side Casii	Orny																	
SEC.	TION C - SUBSEQUEN	T PLAN (D	UTIES / HOL	JRS	/ STA	TUS)	)	(Only co	omplete for	plans	after th	e initia	l plan.	)						
5	Have the pre-injury duties changed since the last pla	•	ng performed		V	Yes		No If	Yes, have	e they	y: <b>[</b>	Inc	rease	d [	De	crea	sed			
6	Have the hours of work ch	anged since	the last plan?			Yes	I	No If	Yes, have	e they	y: [	Inc	rease	d [	] De	creas	sed			
7	Has the return-to-work pro	ogram stoppe	d?			Yes No If Yes, enter date the program							etonr	ned			уууу/	mm/dd	1	1
	·							10 11	res, ente	uaic	tile pi	ogran	i stopp	ocu.					$\perp$	
	TION D - RETURN-TO-	WORK SCI	HEDULE			_	_													<b></b>
8	From date		To date				urs				rs per day paid by empl							_	h	Gross ourly
	(yyyy/mm/dd)	1	(yyyy/mm		1	<del>                                     </del>	ре	Sun	Mon	+	Tue	We		Thur	-	Fri		at		vage
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																			\$	
			Н	ours	type:	E - ES	RTW	hours A	A - Annual	leave	H - S1	atutory	/ holida	y S	- Sick I	eave	P - 0	her pa	id lea	ave
SEC	TION E - ADDITIONAL	COMMENT	rs																	
9																do	addition addition addition additional additi	ntation		Yes No
SFC	TION F - SIGNATURE,	CONSENT	AND DECL	۷R۸	TION											al		•		
10	HORT - GIGHATORE,	OONOLIVI	AND DEGLA	W.	All	employe			re required i							Τ,	20 7011	want	_	7
	Has the worker participated in the development of this ESRTW plan?  Next expected plan review date					<i>mpensat</i> I availab	<i>tion Ac</i> le emp	t to co-ope	rate in the with the injury	orker's emplo	early an	d safe r	eturn to	suitabl	е	١	Do you Workpla o call y	aceNL	¥	Yes No
		20	1 4 1 2 2	9	I de	clare thi rmation	is plan or om	to be com	plete and co ant informati	rrect. I on is a	understa serious	offence.								
	Yes No If No, pli explain i Section	ease [ ] [	yyyy/mm/dd)		_	John Smith							709-555-1111 2014/12/13							
		En	Employer / representative signature Telephone number Date (yyyy/mm/dd)										Ja)							