

## **Part I**

### **Return to Work Policy Statement**

Our organization, through its Return to Work Program, is committed to promoting employee health and recovery from disability (injury or illness) through early intervention and active case management.

The Return to Work program is cooperative, consistent and follows the priorities outlined in the Workplace Health Safety and Compensation Commission's Hierarchy of Return to Work and Accommodation Policy, in accordance with Sections 89 and 89.1 of the WHSC Act. We will contact the employee as soon as possible following an injury and will offer employment that is consistent with the employee's functional abilities. We will make every effort to accommodate our employees as required by the Workplace Health Safety and Compensation Commission's re-employment obligation and the Duty to Accommodate.

An injury reporting system is posted throughout our organization so that all employees are aware of the process to follow in the event of an injury.

A critical component of the Return to Work program is that the employee is involved in all aspects of return to work planning. In fact, all members of the organization including supervisors, co-workers, and the union are responsible for actively participating and cooperating in the return to work process when required. Where necessary, we will seek input and advice from the Commission and other parties involved in the Return to Work process.

Any personal information received or collected that can lead to the identification of an injured worker will be held in the strictest confidence. Information of a personal nature will be released only if required by law or with the approval of the worker who will specify the nature of the information to be released and to whom it can be released.

The Return to Work program is has been developed for and is available to all employees of this organization. The return to work process does not, in any way, jeopardize the health and safety of individuals.

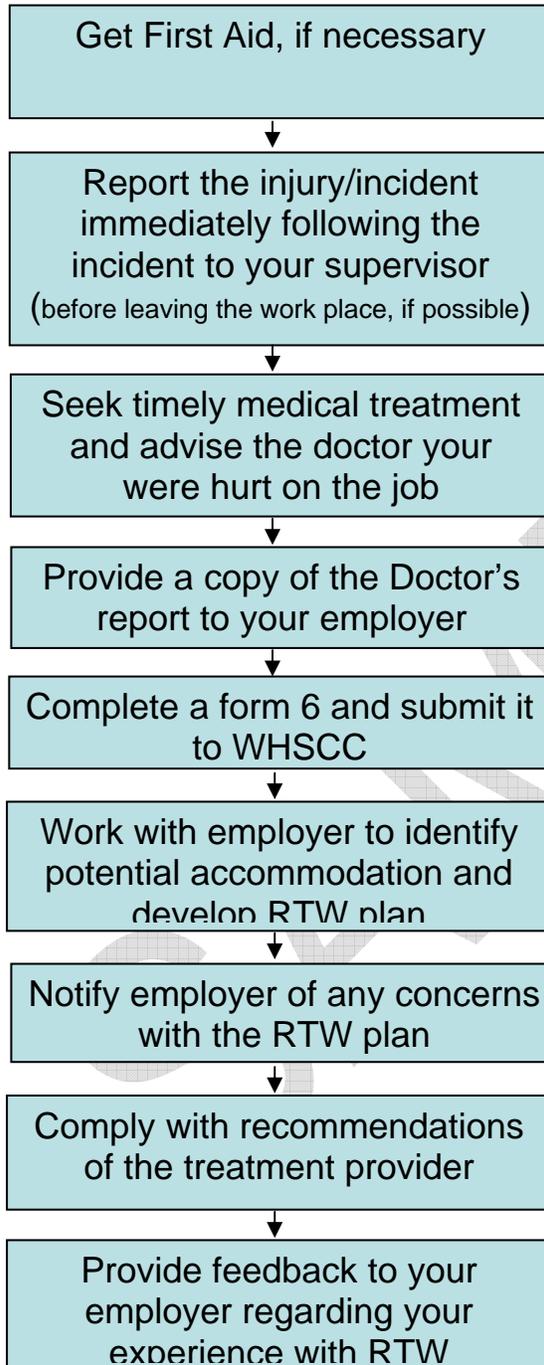
This statement will be reviewed at least annually and may be updated or changed as required.

Signed

Date

# Work Related Absences

## Employee Role



## Supervisor Role

