Return-to-Work Policy Statement

Sample Return-to-Work Program Policy

NAME OF COMPANY recognizes that the provision of alternate or modified work is important in the prevention of disability and has established a Return-to-Work Program for employees who are unable to perform any or all of their normal duties as a consequence of an injury/illness.

NAME OF COMPANY will work in collaboration with the injured/ill worker and expend serious effort to identify alternate or modified work that is both productive and safe.

This company’s return-to-work process begins immediately after an injury/illness occurs.

It is expected all employees will cooperate fully in facilitating the timely return-to-work of injured/ill workers.

It is expected all injured/ill workers will cooperate by accepting alternate or modified work that is within their skills and abilities.

Any personal medical information will be held in the strictest confidence.

Signed:

_________________________________________    _______________________
Date

Title

Policy Review:

Date: ________________________________

Date: ________________________________

Date: ________________________________

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