



Workplace Health, Safety and Compensation Commission
 146-148 Forest Road, P.O. Box 9000, St. John's, NL A1A 3B8
 Telephone: (709) 778-1000 Fax: (709) 778-1302
 www.whscc.nf.ca

Please FAX or MAIL to _____

EARLY AND SAFE RETURN-TO-WORK PLAN

TO BE RETURNED TO THE COMMISSION WITHIN 1 WEEK FROM RECEIPT OF FUNCTIONAL ABILITY INFORMATION

REFERENCE EMPLOYER'S GUIDE FOR INSTRUCTIONS.

EMPLOYEE		EMPLOYER
CLAIM NUMBER	SOCIAL INSURANCE NUMBER	PRE-INJURY POSITION

RETURN-TO-WORK NOT APPROPRIATE AT THIS TIME

EXPLAIN _____

PLANNED DATE TO REVIEW AGAIN

YEAR	MONTH	DAY

PLEASE FORWARD UPDATED RETURN-TO-WORK PLAN AT THAT TIME.

RETURN-TO-WORK APPROPRIATE

Check one or more which accurately describes the worker's return-to-work.

modified pre-injury duties (working at reduced or full hours)

easeback to pre-injury duties (from reduced to full hours)

alternate duties (different from the pre-injury employment)

full-time part-time part-time increasing to full-time

trial period (at essential or all pre-injury duties, full-time hours)

DUTIES OF EARLY AND SAFE RETURN-TO-WORK PLAN. _____

ARE WORKPLACE MODIFICATIONS NECESSARY? NO YES, please explain. _____

RETURN-TO-WORK SCHEDULE

WEEK(S)	FROM AND TO DATE	PROGRAM	INDICATE HOURS OF WORK PLANNED FOR EACH DAY							GROSS HOURLY WAGE TO BE PAID BY EMPLOYER DURING PROGRAM
			SUN	MON	TUES	WED	THUR	FRI	SAT	

DO YOU INTEND TO PAY WORKER FOR HOURS NOT WORKED? YES NO

EXPECTED RETURN-TO-WORK DATE FOLLOWING COMPLETION OF PROGRAM. _____

YY MM DD

IDENTIFY ANY ISSUES WHICH MAY INTERFERE WITH THE SUCCESS OF THIS PLAN. _____

EMPLOYER REPRESENTATIVE _____

DATE _____

YY MM DD

EMPLOYEE (INJURED WORKER) _____

DATE _____

YY MM DD

WHSCC USE ONLY

NOTE: See reverse for information regarding co-operation and penalties.

All employers and workers are obligated under the *Workplace Health, Safety and 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.

The workplace parties must co-operate and be self-reliant in returning the worker to suitable and available employment.

Worker co-operation:

- (i) contact the injury employer as soon as possible after the injury occurs and maintain effective communication throughout the period of recovery or impairment;
- (ii) assist the employer, as may be required or requested, to identify suitable and available employment;
- (iii) accept suitable employment when identified; and
- (iv) give the Commission any information requested concerning the return-to-work plan, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

Employer co-operation:

- (i) contact the worker as soon as possible after the injury occurs and maintain effective communication throughout the period of the worker's recovery or impairment;
- (ii) provide suitable and available employment. The employer is responsible to pay the worker's salary earned during the early and safe return-to-work process. The Commission will pay the differential, if any, between the salary earned during early and safe return-to-work plan and 80% of the worker's net pre-injury earnings subject to the maximum compensable ceiling; and
- (iii) give the Commission any information requested concerning the worker's return to work, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

In the case of non-co-operation, the Commission shall levy a penalty on the worker and/or employer.

Penalties

Worker - the worker's benefits shall be reduced, suspended or terminated, as determined appropriate by the Commission.

Employer - a penalty shall be levied.



Workplace Health, Safety and Compensation Commission
 146-148 Forest Road, P.O. Box 9000, St. John's, NL A1A 3B8
 Telephone: (709) 778-1000 Fax: (709) 778-1302
 www.whscc.nf.ca

SAMPLE

Please FAX or MAIL to

EARLY AND SAFE RETURN-TO-WORK PLAN

TO BE RETURNED TO THE COMMISSION WITHIN 1 WEEK FROM RECEIPT OF FUNCTIONAL ABILITY INFORMATION

REFERENCE EMPLOYER'S GUIDE FOR INSTRUCTIONS.

EMPLOYEE <u>John Doe</u>		EMPLOYER <u>XYZ Inc.</u>	
CLAIM NUMBER <u>123456</u>	SOCIAL INSURANCE NUMBER <u>123 456 789</u>	PRE-INJURY POSITION <u>Cashier</u>	

RETURN-TO-WORK NOT APPROPRIATE AT THIS TIME

EXPLAIN _____

PLANNED DATE TO REVIEW AGAIN

YEAR	MONTH	DAY

PLEASE FORWARD UPDATED RETURN-TO-WORK PLAN AT THAT TIME.

RETURN-TO-WORK APPROPRIATE

Check one or more which accurately describes the worker's return-to-work.

modified pre-injury duties (working at reduced or full hours)

easeback to pre-injury duties (from reduced to full hours)

alternate duties (different from the pre-injury employment)

full-time part-time part-time increasing to full-time

trial period (at essential or all pre-injury duties, full-time hours)

DUTIES OF EARLY AND SAFE RETURN-TO-WORK PLAN. The employee is responsible for general cleanliness of store and customer service. Duties include serving ice cream and making sandwiches, operating cash, and stocking shelves.

ARE WORKPLACE MODIFICATIONS NECESSARY? NO YES, please explain. _____

RETURN-TO-WORK SCHEDULE

WEEK(S)	FROM AND TO DATE	PROGRAM	INDICATE HOURS OF WORK PLANNED FOR EACH DAY							GROSS HOURLY WAGE TO BE PAID BY EMPLOYER DURING PROGRAM	
			SUN	MON	TUES	WED	THUR	FRI	SAT		
1 & 2	<u>Jan. 3-16</u>	<u>Easeback</u>		4		4			4		\$5.60
3 & 4	<u>Jan. 17-30</u>	<u>Easeback</u>		4	4	4		4	4		\$5.60
5 & 6	<u>Jan. 31-Feb. 13</u>	<u>Easeback</u>		6	6	6		6	6		\$5.60

DO YOU INTEND TO PAY WORKER FOR HOURS NOT WORKED? YES NO

EXPECTED RETURN-TO-WORK DATE FOLLOWING COMPLETION OF PROGRAM. 02 02 14
 YY MM DD

IDENTIFY ANY ISSUES WHICH MAY INTERFERE WITH THE SUCCESS OF THIS PLAN. _____

EMPLOYER REPRESENTATIVE John Smith DATE 02 01 02
 YY MM DD

EMPLOYEE (INJURED WORKER) John Doe DATE 02 01 02
 YY MM DD

WHSCC USE ONLY

NOTE: See reverse for information regarding co-operation and penalties.

All employers and workers are obligated under the *Workplace Health, Safety and 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.

The workplace parties must co-operate and be self-reliant in returning the worker to suitable and available employment.

Worker co-operation:

- (i) contact the injury employer as soon as possible after the injury occurs and maintain effective communication throughout the period of recovery or impairment;
- (ii) assist the employer, as may be required or requested, to identify suitable and available employment;
- (iii) accept suitable employment when identified; and
- (iv) give the Commission any information requested concerning the return-to-work plan, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

Employer co-operation:

- (i) contact the worker as soon as possible after the injury occurs and maintain effective communication throughout the period of the worker's recovery or impairment;
- (ii) provide suitable and available employment. The employer is responsible to pay the worker's salary earned during the early and safe return-to-work process. The Commission will pay the differential, if any, between the salary earned during early and safe return-to-work plan and 80% of the worker's net pre-injury earnings subject to the maximum compensable ceiling; and
- (iii) give the Commission any information requested concerning the worker's return to work, including information about any disputes or disagreements which arise during the early and safe return-to-work process.

In the case of non-co-operation, the Commission shall levy a penalty on the worker and/or employer.

Penalties

Worker - the worker's benefits shall be reduced, suspended or terminated, as determined appropriate by the Commission.

Employer - a penalty shall be levied.