

**COMMUNITY LIVING-CENTRAL HURON**  
**Early & Safe Return to Work Program**  
**Individualized Return to Work Plan - Progress Report**

RTW-03

Employee: \_\_\_\_\_ Position: \_\_\_\_\_ Team: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Claim:  WSIB  Benefit Carrier  Other, specify \_\_\_\_\_  
Objective: **Accommodation of employee's temporary work restrictions**  
Modified Work - Location: \_\_\_\_\_ Position: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

**Week #1** From: \_\_\_\_\_ To: \_\_\_\_\_  
Limitations: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Hours: \_\_\_\_\_

**Week #1 Review**  
Progress: \_\_\_\_\_  
Comments/Concerns: \_\_\_\_\_  
Date: \_\_\_\_\_  
Next Meeting Date: \_\_\_\_\_  
Employee's Signature \_\_\_\_\_  
Supervisor's Signature \_\_\_\_\_

**Week #2** From: \_\_\_\_\_ To: \_\_\_\_\_  
Limitations: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Hours: \_\_\_\_\_

**Week #2 Review**  
Progress: \_\_\_\_\_  
Comments/Concerns: \_\_\_\_\_  
Date: \_\_\_\_\_  
Next Meeting Date: \_\_\_\_\_  
Employee's Signature \_\_\_\_\_  
Supervisor's Signature \_\_\_\_\_

Copy To: Executive Director.  
Coordinator, Adult Services.  
Admin Coordinator.  
Employee

Original to Supervisor

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**Week #3** From: \_\_\_\_\_ To: \_\_\_\_\_  
Limitations: \_\_\_\_\_  
\_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Hours: \_\_\_\_\_

**Week #3 Review**  
Progress: \_\_\_\_\_  
Comments/Concerns: \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_  
\_\_\_\_\_  
Employee's Signature  
Next Meeting Date: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Signature

**Week #4** From: \_\_\_\_\_ To: \_\_\_\_\_  
Limitations: \_\_\_\_\_  
\_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Hours: \_\_\_\_\_

**Week #4 Review**  
Progress: \_\_\_\_\_  
Comments/Concerns: \_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_  
\_\_\_\_\_  
Employee's Signature  
Next Meeting Date: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Signature

**Summary of RTW Plan: (to be completed by Supervisor)**  
Conclusion (include regular contact with employee, modified duties, progress, etc.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Date: \_\_\_\_\_  
\_\_\_\_\_  
Supervisor's Signature

Copy To:      Executive Director.  
                  Coordinator, Adult Services.  
                  Admin Coordinator.  
                  Employee

Original to Supervisor