



# Sample Return to Work Program

To be used as a guideline

February 2026

# Sample Return to Work (RTW) Program

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# Return to Work (RTW) Policy Commitment Statement

The employer is committed to the goal of the prevention of injuries and illnesses by maintaining a safe and healthy work environment.

It is the employer's policy to take all reasonable steps to return injured and ill workers to their pre-injury jobs, with accommodation if necessary, as quickly and safely as possible.

It is the employer's policy to provide workers who are unable to perform their pre-injury jobs with suitable/alternate available work consistent with their functional abilities\*

\*References to functional abilities in this document include physical, cognitive and psychological abilities.

# Program Objectives

## Expected Outcomes

- Increased awareness of disability and accommodation issues for all workers
- Fair and consistent process for workers returning to work
- Compliance with legislative requirements
- Retain experienced workers and reduce turnover by reducing days lost due to absences from injuries and illnesses
- Help reduce further injury and promotes active recovery
- Reduced workers' compensation costs and other direct and indirect costs

# Implementation Plan

1. Assign responsibility for the program. This should include establishing a budget for the program and accommodation costs, tracking and analyzing RTW outcomes.
2. Write “Roles and Responsibilities” and communicate to all workers.
3. Train workers on the RTW Program annually. Training should include goals and objectives, roles and responsibilities, initiating and responding to accommodation requests and procedures for dispute resolution. Ensure RTW program information is accessible to all. Keep records of training and evaluate annually.
4. Create privacy policies and processes that protect the personal information of the worker, including documentation standards for keeping and retaining RTW documentation. Communicate policies and processes in the training of the program.
5. Meet regularly to manage the RTW program. Add improvement opportunities to the employer’s continuous improvement plan(s).
6. Evaluate program results quarterly/annually and prepare report to share with senior management and workers.

# Letter of Understanding

Between:       Employer  
and:            Union  
Purpose:       Return to Work Program

We believe that a workplace-based joint management/union approach, which will assist workers who become injured or ill to return to work, is the most effective strategy to comply with legislative requirements, maintain the employability of workers and reduce the direct and indirect costs of disabilities in the workplace.

We believe that this program can be implemented and be compatible with collective agreement obligations.

Both parties agree to develop and implement an effective Joint Management/Union Return to Work Program which will return workers to a productive capacity.

# Statement of Eligibility, Goals and Exit Criteria

## Eligibility Criteria into RTW Process

Workers who have injuries or illnesses resulting from the work or workplace. (This may include workers who have injuries resulting from outside the workplace).

The RTW process begins immediately after the injury or illness occurs.

## RTW Goals

- Pre-injury job
- Pre-injury job, with accommodation
- Work comparable in nature and earnings to pre-injury job, with accommodation where required
- Suitable available work, with accommodation where required

## Exit Criteria from the RTW Process

- Return to regular job at full capacity
- Return to full functional capacity supported by functional ability information
- Unable to identify and provide suitable, available work on a permanent basis
- Permanent placement in alternative work

# Roles and Responsibilities

## Worker

- Immediately report all accidents and illnesses to supervisor and obtain necessary first aid and/or health treatment.
- Participate in accident investigation procedures.
- Take employer letter advising of a commitment to provide early and safe return to work to health professional.
- Provide consent to the release of functional abilities information to the employer by signing page 2 of the Form 8 (Health Professional's report), CMS8 (Health Professional's Report for Occupational Mental Stress), Form 6 (Worker's Report of Injury/Disease) or FAF (Functional Abilities Form).
- Provide employer with page 2 of the WSIB Form 8 (Health Professional's Report) or Form CMS8 (Health Professional's Report for Occupational Mental Stress) before the beginning of your next shift.
- Actively participate in developing a RTW Plan based on your functional abilities with supervisor and/or RTW Co-ordinator on an ongoing basis.
- Adhere to the RTW plan.
- Complete RTW Journal to review with supervisor.
- Meet at least once a week with your supervisor to discuss progress and advise of any issues with the duties outlined in the RTW Plan.
- If the issue cannot be resolved the worker must advise the employer in person or via phone and follow up with a written summary of the issue in dispute via a method stipulated by the employer (i.e. letter, text, e-mail etc.).

- If no suitable work is available, then contact the supervisor on a weekly basis. Advise the supervisor when there is a change in functional abilities.
- Provide updated functional abilities (FAF) when requested by the employer.
- Maintain contact with the WSIB Case Manager and/or RTW Specialist and provide any information requested.
- Ensure appointments with Health Professional are continued while on modified duties. These appointments should be arranged during non-working hours when possible.

## **Senior Management/Owner of Company**

- Show commitment to the implementation and management of the RTW program by dedicating human and financial resources.
- Create or review the RTW policy and sign annually.
- Allow a budget related to providing accommodation.
- Review RTW evaluation reports and support changes to the employer's continuous improvement plan.
- Support the inclusion of RTW responsibilities into job descriptions, where appropriate, to ensure accountability.
- Ensure and support training in orientation and regular ongoing training on the RTW program. Training should include goals and objectives, roles and responsibilities, initiating and responding to accommodation requests and procedures for dispute resolution.

## Supervisor

- Train workers on the RTW Program. Training should include goals and objectives, roles and responsibilities, initiating and responding to accommodation requests and procedures for dispute resolution. Ensure RTW program information is accessible to all. Keep records of training and evaluate annually.
- Provide first aid.
- Provide and pay for transportation to health care.
- Pay the worker for day of injury.
- Provide worker with Worker Package to take to health professional. Worker package to include – letter stating commitment to RTW for health professional, instructions for the worker relating to obligations and roles in RTW.
- Contact worker as soon as possible after injury to ensure they're okay and to arrange RTW.
- Conduct accident investigation and report. Take measures to prevent the accident from happening again.
- Complete the Form 7 (Employer's Report of Injury or Disease) and submit it to the WSIB within 3 business days. Give the worker a copy of the Form 7. Report to the Ministry of Labour, Immigration, Training and Skills Development if required.
- Meet or speak with worker to review functional abilities information from page 2 of the Form 8 or CMS8 before the start of the next shift.
- Identify essential duties of the worker's pre-injury job to see if job tasks are within the functional abilities and/or can be accommodated considering RTW goals. If not, look for suitable work opportunities that are available in the workplace.
- Discuss modified duties and ensure offer is made in writing, preferably before the start of the next shift. Have the worker sign the offer or send via e-mail, text, courier or registered mail and keep proof of delivery.

- In collaboration with the worker, write a RTW Plan outlining duties, hours, quotas, accommodations, pay and progress targets.
- Provide worker a RTW Journal to complete on a daily basis and review daily.
- Meet or speak with worker at least once a week to discuss progress and advise of any issues with the duties outlined in the RTW Plan.
- If no suitable work is available, then contact the worker on a weekly basis by phone or email. Document your efforts and your conversations in Contact Log.
- Obtain updated functional abilities (FAF) on a regular basis (i.e. every 2 weeks depending on the nature of the injury) or when necessary.
- Continue to monitor available jobs for suitability.
- Advise the WSIB Case Manager and/or RTW Specialist of any disputes or disagreements between you and your worker about their return to work. Document your conversations.
- Maintain contact with the WSIB Case Manager and/or RTW Specialist and provide any information requested. Document your conversations.

## RTW Coordinator

If applicable (if no RTW Coordinator, then duties should be assigned to supervisor, manager, senior management, HR consultant etc.)

- Develop and implement the RTW program and privacy policies.
- Ensure training on the RTW program is provided in orientation and on an ongoing basis relating to the goals and objectives, roles and responsibilities, initiating and responding to accommodation requests and procedures for dispute resolution.

- Ensure that the RTW program information is accessible to all workers.
- Assist in the facilitation of RTW plans and ensure that RTW plans are developed and monitored consistently.
- Assist in the resolution of a dispute in suitability by implementing the employer's dispute resolution mechanisms.
- Evaluate RTW exit surveys for individual RTW plans and address any issues raised.
- Compile information and prepare reports on the RTW program evaluation annually. Meet with senior management to review.
- Make changes to the RTW program, when applicable, consistent with the employer's continuous improvement plan.

## Health Professionals

- Provide and arrange timely and appropriate treatment for injured/ill worker.
- Complete the Form 8 or CMS8 and send to WSIB.
- Provide worker and employer page 2 of Form 8/CMS8 with functional/cognitive abilities information.
- Provide functional/cognitive abilities throughout the recovery.
- Discuss RTW with worker throughout recovery.

## WSIB

- Provide workplace parties with information about what to expect throughout the return to work process.
- Educate workplace party on their rights and obligations.
- Monitor progress and co-operation.
- Obtain and clarify information on functional abilities.
- Help resolve any difficulties or disputes throughout the process.

- Provide return to work services if needed, including a RTW Specialist, ergonomic and functional work capacity assessments.
- Make claim related decisions on entitlement, health care, suitability, co-operation etc.

## Co-Workers

- Offer moral support to workers returning to work after an injury. Offer assistance, if appropriate.
- Treat the worker with respect, don't isolate.
- Respect the privacy of the worker by not asking about diagnosis, prognosis etc.

## Union

- Work with the employer to address existing barriers in the collective agreement to allow a return to work.
- Support the worker in returning to work.
- Provide information to worker on rights and responsibilities.
- Assist with development of RTW plan and any required accommodations.
- Support accommodation measures.
- Assist in resolving disputes in the suitability of job duties and accommodations.

Consider roles and responsibilities for insurers, RTW management committee, and medical department, if applicable.

# Dispute Resolution Mechanism

Where there is a dispute between the employer and the worker the following steps will be taken:

- Review the RTW plan - where an error has been made, reasonable steps will be taken to correct the error.
- If the issue cannot be resolved the worker must advise the employer via phone or in person and follow up with a written summary of the issue in dispute via a method stipulated by the employer (i.e. letter, text, e-mail etc.).
- Obtain updated functional abilities and review the suitability of available work. To allow the worker to stay at work, the task for which there is a dispute may be removed so the worker can continue working at the tasks which are not in dispute.
- If necessary, the employer may contact any health professional treating the worker for clarification of functional abilities.
- Request assistance from the WSIB Case Manager and/or WSIB RTW Specialist for intervention and a determination of suitability. Suitability decisions can be appealed to the WSIB Appeals Services Division (ASD). ASD decisions can be appealed to WSIAT. Mediation opportunities may be available at the WSIAT.
- If necessary, contact the WSIB Case Manager for clarification of functional abilities, timelines for progression and/or a referral to an Occupational Health Assessment Program (OHAP) for a more comprehensive evaluation.
- The employer may choose to refer the worker to a health professional (paid for by the employer) to conduct a functional abilities evaluation and offer timelines for progression.

# RTW Program Evaluation

On an annual basis, evaluate elements of the RTW program

- Compare number of injuries
- Compare number of lost time injuries
- Compare days lost
- Compare number of workers in RTW program
- Duration of RTW plans
- Total accident costs
- Compare return to work outcomes
- Costs of accommodation
- On an ongoing basis review individual RTW plans and exit satisfaction surveys
- Address barriers, acknowledge successes, make improvements, educate
- Identify opportunities for improvement consistent with the employer's continuous improvement plan
- Share performance measures and results with senior management and employees annually

# Sample Health Professional Letter

Dear Health Professional ( ):

Re: **(Name of Worker)**

Our company has a Return to Work program to help injured workers return to safe, meaningful and productive employment. We are committed to understanding and respecting the limitations of injured/ill workers and will offer our injured workers appropriate rehabilitative work at every stage of their recovery. Our experience has shown that this policy is beneficial for workers, their families and for workplace morale.

The success of the return to work process depends upon the timely and accurate completion of the Form 8, the Health Professional's Report for work related injuries and/or illness, specifically page 2 which indicates functional abilities. For occupational mental stress claims, please complete the Form CMS8 Health Professional's Report for Occupational Mental Stress.

Page 2 of the Form 8 or CMS8 will be used only for the purposes of identifying what the worker can do. We would appreciate receiving as much detailed information as you are able to provide about the worker's abilities.

Accommodation will be considered to permit return to work without aggravation to their injury and to facilitate successful recovery.

You will note that the worker is required to sign the bottom of page 2 indicating their consent to release their functional abilities to the employer.

You will be paid for the completion of the WSIB form in accordance with the WSIB schedule.

If you have any concerns or questions, please contact me at (xxx-xxx-xxxx).

# Offer of Modified Work

Dear

As you are aware, (employer) has a Return to Work program and we are pleased to offer you modified work immediately to assist you during your recovery.

You will find your Return to Work (RTW) Plan attached based on the functional abilities information provided by your Health Professional.

Please ensure that you only perform duties that are within your restrictions.

As you may recall from your training, the Workplace Safety and Insurance Board (WSIB) requires that workers and employers must both co-operate in return to work by:

- Initiating early contact and maintaining contact throughout the worker's recovery
- Identifying and securing suitable and available work
- Providing WSIB with all relevant information
- Notifying WSIB of any dispute or disagreement

In addition workers are required to participate in all aspects of their RTW assessments and plans.

If you have any questions or concerns about your return to work or the modified work provided please feel free to contact me.

Employer	Signature	Date
Worker	Signature	Date

Attach proof of service if offer delivered via mail, e-mail or text rather than in person



# RTW Plan

Worker Name	Phone #	E-mail	Claim #
Supervisor Name	Phone #	E-mail	
Date of Injury	Allowed Area(s) of Injury		

## Pre-Injury Job Information

Pre-Injury Job Title
Main Job Duties and Physical/Cognitive Demands

Job Description  Attached  Job Tasks/PDA/CDA Attached

Pre-Injury Job Suitable  Yes  No

Pre-Injury Job Suitable with Accommodation  Yes  No

RTW Goal	Short Term	Long Term	Target Date	Date Achieved
Pre-Injury Job	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pre-Injury Job with Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Suitable Work	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

## Functional Abilities

Functional Abilities Received  Yes  No

Attached to RTW Plan  Yes  No

If no, date Functional Abilities expected
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## Accommodation/Duties

Accommodation/Duties
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## Return to Work Plan Details

Plan Start Date	Plan End Date
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**Work Schedule– List Hours and Duties**

Start Date	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Payments Arrangements During RTW				Payment Information Will be Sent to WSIB by			

Potential Issues/Concerns With RTW Plan

If there are any concerns during the course of the RTW Plan please contact your supervisor immediately. If there are any concerns that cannot be resolved by the Workplace Parties the employer and worker agree to contact WSIB immediately and to co-operate in the resolution of the outstanding issues.

I agree to this Return to Work Plan:

Worker Name	Signature	Date
Employer Name and Position	Signature	Date

**Follow Up**

Date

**Summary**

Job Outcome	Duration of Plan (# of Days)	Cost of Accomodation

## RETURN TO WORK JOURNAL

Employee Name: \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Week # \_\_\_\_\_ of RTW Plan

Job Title \_\_\_\_\_

DAY/DATE	SCHEDULED HOURS	HOURS WORKED	TIME BREAKDOWN OF TASKS COMPLETED	ISSUES/RESOLUTIONS/SIGN OFF

# Sample RTW Program Resource Links

[Return To Work Instruction Sheet \(WSIB\)](#)

[Sample Physical Demands Analysis \(WSIB\)](#)

[Sample Cognitive Demands Analysis \(WorkSafe BC\)](#)

[Progress Report \(WSIB\)](#)

Progress Report Pages 11-12

[Functional Abilities Form](#)

[Form 8 Health Professional's Report](#)

[Form 8 CMS Health Professional's Report for Occupational Mental Stress](#)

[Working to Well: Employer Toolkit \(WorkSafe NB\)](#)

Closure/Evaluation Form - Pages 22-23

Some of the resources linked above are external and may reflect policies or practices from other jurisdictions. While these materials may offer helpful guidance, employers in Ontario should consider their applicability in light of local laws and requirements. Reference to external resources or their content is not to be construed as legal advice. Always seek appropriate legal guidance in implementing return to work practices. Please contact the OEA to discuss the facts of your situation.

# RTW Program Results

**Evaluation Period:** \_\_\_\_\_ **To:** \_\_\_\_\_

**Comparison Period:** \_\_\_\_\_ **To:** \_\_\_\_\_

INDICATOR	COMPARISON	DIFFERENCE
# Injuries	# Injuries Last Period	+ or -
# Lost Time Injuries	# Lost Time Injuries Last Period	+ or -
# Days Lost	# Days Lost Last Period	+ or -
# Workers in RTW Program	# Workers in RTW Program Last Period	+ or -
Duration of Plans	Duration of Plans Last Period	+ or -
RTW Outcomes	RTW Outcomes Last Period	+ or -
# Pre-injury Job _____	# Pre-injury Job _____	
# Comparable Job _____	# Comparable Job _____	
# Suitable job _____	# Suitable job _____	
# WSIB RTW Services _____	# WSIB RTW Services _____	
Accident Costs	Accident Costs Last Period	+ or -

## Accommodation Costs for Evaluation Period

Accommodation Costs	Budgeted Accommodation Costs	+ or -