

**Company Name**  
**RETURN TO WORK POLICY**

**Purpose**        **(Company Name)** is committed to maintaining a safe and healthy work environment. If an accident does occur, our policy is to return the injured worker to the workplace as quickly as medically possible. In keeping with this goal, **(Company Name)** has implemented a "Modified Work Program". Participation in our Modified Work Program is a condition of employment should the need arise and appropriate work be available.

**Guidelines**    To facilitate the rehabilitation process, **(Company Name)** makes every reasonable effort to provide:

- Suitable, productive work to any worker unable to perform his/her regular duties as a result of work injury.
- Timely medical intervention, resulting in better care and faster recovery, with fewer recurrences of injuries.
- Daily communication with the injured worker and regular communication with medical service providers and WCB personnel.

Managers are expected to be fully conversant with the Modified Work Program and to implement the program in their work area.

The goal at all times will be to have the employee return to his regular job as quickly as medically possible after injury. It is also the employee's responsibility to "take all reasonable action to mitigate the loss of earnings resulting from an injury" (WCB Act – Section 51.1) and make himself available for modified work.

General Manager

**I have read and understand the contents of the accident reporting policy and will abide by the Company's policy.**

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager's Signature: \_\_\_\_\_

Date: \_\_\_\_\_