DOCUMENTING A SIMPLE

RETURN TO WORK

DEPARTMENT Click here to enter text. DATE Click here to enter a date.

EMPLOYEE Click here to enter text. SUPERVISOR Click here to enter text.

I am requesting a simple accommodation due to:

Click here to enter text.

Personal injury/illness  WorkSafeBC claim ICBC claim Other:

Description of medical limitations (no diagnosis required)

Click here to enter text.

Medical documentation confirming this Yes No

Accommodation measures to be implemented from: Click here to enter text.to: Click here to enter text.

If no end date, review to occur: Click here to enter text.

Agreed upon Accommodation Measures (Examples: change in start or end of shift, non-substantive duties not performing, purchase and/or provision of equipment, location of work, etc.)

Click here to enter text.

Signatures:

|  |  |  |
| --- | --- | --- |
| Employee signature |  | Supervisor signature |