



Employee: _____

Position: _____

The University of Victoria has a WorkSafeBC **Claims Management Program** in place in accordance with the requirements of the Workers Compensation Act. This program supports University employees to a safe and sustainable return to work following a work related injury / illness.

Under the Workers Compensation Act, we have an obligation to offer you modified duties based on your functional abilities information. You have an equal obligation to co-operate in your return to work including having the enclosed **Functional Capabilities Form (FCF)**, completed in full by your healthcare practitioner. Please be advised University of Victoria will reimburse you for the completion of this form.

This letter will serve as confirmation that modified work is available immediately, based on your functional capabilities.

Once your FCF has been completed and returned, specific modified duties will be assigned. Please return the complete FCF to your Manager immediately following your appointment. Please be advised, WorkSafeBC may not award benefits if appropriate modified duties are provided and you do not participate in an early and safe return to work.

If you have any questions, please contact **David Morgan, WorkSafe Consultant** at **250.721.6379** or drmorgan@uvic.ca.

Date: _____

Delivered by: _____