University of Victoria | Occupational Health, Safety & Environment

Simple Modified Duties Plan

Department_____ **Date**_____

Employee_____ **Supervisor**_____

The objective of the WorkSafe Claims Management Program is to allow you to Remain or Return to Work in a safe and sustainable manner. We look forward to assisting you in your recovery and supporting you to transition back to full duties. If you have any recurrence of symptoms, you must report immediately to your supervisor, it is your responsibility to work within your capabilities.

Functional Capabilities Form: ☐ Yes ☐ No

If No,

Reported Injury/illness:_____

Simple Modified Duties Plan will start as of _____ at_____.

Simple Modified Duties Plan will complete on _____.

or

If no end date, review to occur on _____.

Based on your abilities, transitional work is available performing the following tasks:

_____

_____

_____

_____

_____

_____

_____

_____

Please report to your supervisor immediately if you have any difficulty completing assigned job tasks.

This plan is made without prejudice to either party's interpretation of the Collective Agreement and will not form precedent in any other situation.

Employee Signature

_____

Supervisor Signature

_____

Submit copy to the WorkSafe Consultant, OHSE.

A copy will be forwarded to the Union Return to Work & Accommodation Officer.

Occupational Health, Safety and Environment
Telephone 250-721-8971 Email ohs@uvic.ca Website: http://www.uvic.ca/ohse/incident/worksafe/index.php