Return from Workers Compensation Checklist



Employee Name:	Department:
	Hire Date:
and follow-up appointmen	
	th employee and supervisor and identify potential limitations. rding return to work with HR and claims adjuster.
modified work schedule, a Inform employee to notify Agreement on a gradual re Inform employee that the Follow all prescribed Attend any schedule Signed Return to Work Ag	th supervisor and employee to discuss necessary work accommodations (e.g., djusted duties, assistive devices). The supervisor immediately if experiencing pain or discomfort while working. eturn to work plan if needed. Y are to: Work restrictions provided by the doctor. The discommodations provided appointments and provide updates to Human Resources. The reement with employee and supervisor. The accommodations provided.
Ongoing	
as work restrictions chang	ocumentation on work restrictions and follow up with employee and supervisor e, note changes in the Return to Work Agreement. orkers Compensation Claims Adjuster.
Farm Campleted Dv	Date