



RETURN TO WORK PROCESS

The Municipality of Mississippi Mills is committed to supporting employees who have been absent from work due to a disability. We will use the following process to help employees who require accommodation to return to work.

1. Initiate the leave and stay in contact with the employee

If an employee needs to take a disability leave, s/he will inform his/her manager and human resources. The employee and manager will maintain regular contact, with the employee's consent, to address any problems that may arise and facilitate the return to work process.

2. Gather relevant information and assess individual needs

The employee and manager will work together to share information and find the most appropriate accommodation, for example:

Manager

- Provides the employee with return to work information
- Helps resolve any problems with treatment if requested to do so by the employee
- Maintains regular contact with the employee
- Ensures work practices are safe for returning employee
- Assists with identifying accommodations
- Assists with analyzing the demands of each job task
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Employee

- Gets and follows the appropriate medical treatment
- Provides updates about their progress, including information about his/her functional ability to perform the job
- Provides his/her health care provider with the Return to Work information

Health care provider(s), union/workplace representative(s) and health and safety professional(s) may also participate in the process, if needed.

3. Develop a Return to Work plan

After identifying the most appropriate accommodation, safety considerations and any transitional measures, capture the details in a written plan.

Depending on circumstances, the employee may:

- return to the original position
- return to the original position with accommodation(s) on a temporary or permanent basis
- return to an alternate position on a temporary or permanent basis

The Return to Work plan should be attached to the employee's individual accommodation plan.

4. Implement, monitor and update the plan

After implementing the Return to Work plan, the employee and manager will monitor and review the plan regularly to ensure that it remains effective. If the accommodation is no longer appropriate, they will reassess the situation (step 2) and update the plan.

Appendixes:

- Return to Work Plan



RETURN TO WORK PLAN

Confidential when completed

Employee Information

First Name: _____

Last Name: _____

Title & Department: _____

Manager Information

First Name: _____

Last Name: _____

Title & Department: _____

Start and End Date of Plan

Return to Work Plan Start Date (yyyy/mm/dd) _____

Return to Work Plan End Date (yyyy/mm/dd) _____

Goal

At the end of the Return to Work process, the employee will return to his/her:

- ☐ Original job
- ☐ Original job with modifications
- ☐ Alternate job (include job description)

Accommodations and Transitional Measures

List any limitations the employee experiences as a result of his/her disability, how it affects different aspects of his/her job and any accommodations or safety measures required to help the employee return to work. Accommodations may include, but are not limited to:

- Modified work hours/days
- Modified work location
- Modified job requirements
- Assistive device(s)
- Additional support (e.g. colleagues helping with specific tasks)

If the measures will be phased in or out, include a start/end date.

1. Limitation

Tasks / activities affected

Accommodation

Safety considerations

Start Date (yyyy/mm/dd) _____

End Date (yyyy/mm/dd) _____

2. Limitation

Tasks / activities affected

Accommodation

Safety considerations

Start Date (yyyy/mm/dd) _____

End Date (yyyy/mm/dd) _____

3. Limitation

Tasks / activities affected

Accommodation

Safety considerations

Start Date (yyyy/mm/dd) _____

End Date (yyyy/mm/dd) _____

Assignment to Alternate Position

Complete this section if the employee will not be returning to his/her original job.
The assignment to an alternate position may be temporary or permanent.

Job title: _____

Length of assignment: _____

Describe the new position:

List any training requirements and safety precautions:

Comments / Notes

Use this section for any additional information (e.g. details of alternative work arrangements, budget code for accommodation costs, etc.)

Signature

Employee's Signature

Date (yyyy/mm/dd)

Manager's Signature

Date (yyyy/mm/dd)
