

TS-GRTW 2018 Planning Worksheet for the Gradual Return to Work

Workweek No.

Name of the employee

Job

Date

1- Restrictions / recommendations issued by the treating physician

2- Planned work schedule

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
No. of hours							
Schedule							

3- Work tasks identified

4- Productivity expected

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5- Difficulties anticipated	6- Ways to offset these difficulties	
	PERSONAL	ORGANIZATIONAL

7- Employee's level of confidence in the work plan retained for the week

<input type="checkbox"/> Not very confident	<input type="checkbox"/> Confident
<input type="checkbox"/> Somewhat confident	<input type="checkbox"/> Very confident

8- Signatures	Employee	Direct supervisor	Return-to-work coordinator
Date			

9- Attainment of productivity objectives		10- Level of discomfort
<input type="checkbox"/> Not at all attained <input type="checkbox"/> Partially attained <input type="checkbox"/> Totally attained	Reason(s) :	<input type="checkbox"/> Unchanged <input type="checkbox"/> Slightly increased <input type="checkbox"/> Moderately increased <input type="checkbox"/> Greatly increased