# TS-GRTW 2023 Planning Worksheet for the Gradual Return to Work

Workweek No.

Name of the employee

Job

Date

## 1- Restrictions/recommandations issued by the treating physician

## 2- Planned work schedule

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

## 3- Work tasks proposed

## 4- Productivity expected

# TS-GRTW 2023 Planning Worksheet for the Gradual Return to Work

Workweek No.

Name of the employee | Job | Date

## 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

How confident do you feel about your ability to carry out the work plan

☐ Confident ☐ Not confident

**Comments :**

## 8- Signatures

**Date**

| Employee | Direct supervisor | Return-to-work coordinator |
|---|---|---|
| | | |

## 9- Attainment of productivity objectives

☐ Not at all attained
☐ Partially attained
☐ Totally attained

**Reason(s):**

## 10- Symptoms

☐ Reduced
☐ Unchanged
☐ Slightly increased
☐ Moderately increased
☐ Greatly increased