



MSI-12

Graduated Return to Work Plan

Section A: Employee information

Name _____
 Home address _____
 Telephone () _____
 Job title _____

Start date of graduated return to work plan: _____ Return to regular work date: _____

Section B: HRD information

MSI Designate _____
 Email _____
 Telephone () _____

Section C: Return to work information

Restrictions (if applicable) _____

Graduated work hours (if more space is required, use additional form)

Week	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week #1 Hours: Restrictions:							
Week #2 Hours: Restrictions:							
Week #3 Hours: Restrictions:							
Week #4 Hours: Restrictions:							
Week #5 Hours: Restrictions:							
Week #6 Hours: Restrictions:							
Week #7 Hours: Restrictions:							
Week #8 Hours: Restrictions:							

Comments:

ALL PARTIES: I have read the above and agree with this plan as presented.

EMPLOYEE: I understand that the above limits have been set for me. I agree not to exceed these listed limits and to follow the plan as outlined above.

EMPLOYER: I understand that I must respect the return to work plan as prescribed

Employee _____ Date _____

MSI Designate _____ Date _____