**Phased Return to Work Plan**

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| --- | --- | --- | --- | --- |
| **Employee Name**: | | **Manager Name**: | | |
| **Department**: | | **Division**: | | |
| **Week 1**    % of full time hours  *Add detail of days and hours* | | Duties/Tasks | | |
| Are any further adjustments required? | | | | |
| Notes/Comments: | | | | |
| Review of week 1:  *Add details of review discussion following this week of the phased return e.g. how did the week go, how are they feeling etc.* | | | | |
| **Employee Signature:** |  | | **Date:** |  |
| **Manager Signature:** |  | | **Date:** |  |

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| --- | --- | --- | --- | --- |
| **Week 2**    % of full time hours  *Add detail of days and hours* | | Duties/Tasks | | |
| Are any further adjustments required? | | | | |
| Notes/Comments: | | | | |
| Review of week 2:  *Add details of review discussion following this week of the phased return e.g. how did the week go, how are they feeling etc.* | | | | |
| **Employee Signature:** |  | | **Date:** |  |
| **Manager Signature:** |  | | **Date:** |  |

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| --- | --- | --- | --- | --- |
| **Week 3**    % of full time hours  *Add detail of days and hours* | | Duties/Tasks | | |
| Are any further adjustments required? | | | | |
| Notes/Comments: | | | | |
| Review of week 3:  *Add details of review discussion following this week of the phased return e.g. how did the week go, how are they feeling etc.* | | | | |
| **Employee Signature:** |  | | **Date:** |  |
| **Manager Signature:** |  | | **Date:** |  |

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| **Week 4**    % of full time hours  *Add detail of days and hours* | | Duties/Tasks | | |
| Are any further adjustments required? | | | | |
| Notes/Comments: | | | | |
| Review of week 4:  *Add details of review discussion following this week of the phased return e.g. how did the week go, how are they feeling etc.* | | | | |
| **Employee Signature:** |  | | **Date:** |  |
| **Manager Signature:** |  | | **Date:** |  |

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| --- | --- | --- | --- |
| **Review of Phased Return** | | | |
| Does the employee feel able to return to full time hours? Yes No  Does the employee feel able to undertake full duties? Yes No  Are there any further restrictions still in place? Yes No  If yes, detail below:  ……………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  Does the employee need an extension to the phased return? Yes No  If yes, add the detail below (include how this is being facilitated e.g. annual leave)  ……………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………… | | | |
| Further comments: | | | |
| **Employee Signature:** |  | **Date:** |  |
| **Manager Signature:** |  | **Date:** |  |