

Return-to-Work Policy SAMPLE

(Company Letterhead)

(Company name) believes employees are the most important assets of our company. We are committed to assisting our injured employees to return-to-work as soon as medically appropriate and to working with the medical community to help our injured employees regain their livelihood.

The focus of our Return-to-Work (RTW) Program is to meet the needs of both **(Company name)** and our injured employees by modifying the employee's existing position and/or work schedule.

For this program to be successful, the injured employee must report all injuries to **(appropriate contact name)** on the same day of the incident. We will provide our injured employees with information about our Return-to-Work/Transitional duty program and other materials that can be presented to the treating medical provider so that when medically needed, a temporary transitional duty assignment can be designed as soon as possible.

Thank you, and please remember: most injuries can be prevented.

Sincerely,

(Name)

(Title)

I have read and understand the above:

Employee Signature: _____ Date: _____