

# Return-to-Work Policy Statement

## Sample Return-to-Work Program Policy

**NAME OF COMPANY** recognizes that the provision of alternate or modified work is important in the prevention of disability and has established a Return-to-Work Program for employees who are unable to perform any or all of their normal duties as a consequence of an injury/illness.

**NAME OF COMPANY** will work in collaboration with the injured/ill worker and expend serious effort to identify alternate or modified work that is both productive and safe.

This company's return-to-work process begins immediately after an injury/illness occurs.

It is expected all employees will cooperate fully in facilitating the timely return-to-work of injured/ill workers.

**It is expected all injured/ill workers will cooperate by accepting alternate or modified work that is within their skills and abilities.**

Any personal medical information will be held in the strictest confidence.

**Signed:**

\_\_\_\_\_

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Title**

**Policy Review:**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_