## Return-to-work program

(Your organization's n	name)	supports the
practice of bringing injured er	nployees back to work, as soon	as they are medically able,
to a position in our organization	on compatible with any physica	al restrictions they may have.
We believe this practice serve	es the best interests of our emplo	oyees and organization.
The prompt return of i	njured employees to positions v	within their medical
restrictions will minimize the	impact of work-related injuries	. Coming back to work early
helps employees remain funct	tional as they recover while pro	viding our organization with
the valuable use of employees	s' talents. It also helps control w	vorkers' compensation costs.
If you are injured at w	ork, report the injury to your su	pervisor immediately—no
matter how minor the injury is	s. Your supervisor will report it	to our organization's
workers' compensation claim	s coordinator within 24 hours. A	Any questions concerning
workers' compensation shoul-	d be directed to this individual.	
Claims coordinator	<u> </u>	Phone
Your supervisor and/o	or claims coordinator will help a	arrange for medical treatment
following an injury. Prompt, o	quality medical treatment can b	e assured through the use of
our primary care clinic.		
Clinic		Phone
Current positions may	be modified to fit the medical	limitations of injured
employees by modifying wor	kstations, altering specific tasks	s or working reduced hours.
If this is not possible, temporary transitional jobs may be made available either with your		
department or through a temp	orary assignment with another	department.
Examples of these transitiona	l jobs or tasks include:	
•	rogram is an important part of c	•
commitment to manage work	-related injuries in a way that's	best for our employees and
for this organization.		
Signature	Title	Date