SAMPLE PHILOSOPHY OF A RETURN-TO-WORK PROGRAM

EMPLOYEES ARE OUR MOST IMPORTANT ASSETS!

(Name of company) Return-To-Work Program is based on the assumption that there is nothing more important than our employees. When an employee loses time from his or her job, or is unable to return to work, everyone loses.

- The employee loses contact with his/her friends, relationships with coworkers, income, benefits and, most importantly, self-esteem, which is often so closely tied to employment.
- Our company loses a valuable employee.

OUR PROGRAM

To meet our goal of enabling employees to return to productive employment as rapidly as possible, our company takes the following steps:

- We try to meet with the treating provider at the employee’s first medical appointment to discuss the physical demands of the employee’s regular job, or the demands of alternative temporary tasks. Every effort is made to enable the employee to return to work either immediately or in the very near future.
- We staff the employee’s case internally on a regular basis, contacting you regularly to see if an enhanced release can be obtained or whether alternate tasks or additional hours of duty can be approved safely.
- We meet with you immediately if permanent limitations of any kind are projected to determine if these will, in any way, affect the employee’s ability to return to his or her regular job or to determine whether we need to consider permanent modifications or other alternatives.

Because everyone loses when an employee must be temporarily or permanently off the job, it stands to reason that everyone wins when employees are returned to work as quickly as medically possible and become productive, in even a small way, as soon as possible after injury.

YOUR ROLE

To achieve the goals of our Return-To-Work Program, we need you as our partner. We will communicate with you regularly. We will provide you with the best possible information about the physical demands of transitional duties available. We will let you know how the employee is doing on the job. We need timely information and communication from you. We need to know as quickly as possible the physical limitations you will be establishing for a safe return to work. We will utilize those restrictions in our Transitional Employment Plan. We need your comments about our company’s Return-to-Work program that we provide to you. If there are permanent restrictions, we need your help to evaluate the employee’s ability to return to his/her regular job or to evaluate modifications or alternate employment.

Should you have a question about (name of company) Return-To-Work Program, or concerning one of our employees, please call __________________________(Name) at __________________________(Telephone Number).

We look forward to working with you.

Sincerely,