 Return to Work Guide and Forms

Brescia University College values its employees, and is committed to accommodating employees in a successful return to work following an illness, injury, or extended leave. This guide was created to assist managers with this process and to help guide supportive return to work conversations.

**Returning to Work**

When an employee returns to work from any type of leave, they are often anxious and concerned about how their manager and colleagues will perceive them. The initial return to work meeting is designed to reduce that stress by having the manager and/or Human Resources meet with the employee prior to the return to set the direction and tone of the workplace. Human Resources will assist in supporting the manager and the returning employee with a supportive return to work for the employee.

**Requesting a Functional Abilities Form**

If the employee has been off work due to medical issues, a Functional Accommodation Form is required by Human Resources to ensure that the employee is capable of returning to their full job duties. Employees that return without disclosing this information could end up going back on leave, injuring themselves or cause mistakes.

While the employee is off work, it is best practice for the manager to remain in contact. The manager should communicate with the employee and sincerely inquire about how the employee is doing. Conversations should never become about work deadlines, stress or annoyance with the absence. When the employee mentions that they are feeling ready to return or considering a return, the manager should discuss having the employee's medical provider complete a Functional Accommodation Form. The employee can arrange to have the form completed at the next appointment with their treating provider. Completed forms should be faxed or mailed from the medical provider's office to [brescia.hr@uwo.ca](mailto:brescia.hr@uwo.ca) or faxed to 519-858-5116. Employees on medical leave will not be able to return to work until the functional accommodations form is returned, a return to work plan is developed, and the employee has had a return to work meeting.

Request sent to HR to provide Functional Accommodation Form to employee

Discussed that the employee cannot return to work until this form is completed and submitted

Explained the importance of ensuring that their safety

**Meetings**

Prior to their first day back on the job the manager and returning employee may meet with Human Resources to discuss any restrictions, limitations and modifications required and agree to the return to work plan for medical leaves. This may include a graduated return to work plan.

The meeting can happen the day of return if there are no accommodations required, although, if the workplace needs to be modified it can be difficult to arrange for some accommodations on the spot. Meeting with the employee a few days prior will give time to make any changes and develop a support plan.

If the employee is returning with no restrictions, or from a non-medical leave, the manager can meet with the employee in advance or the day of their return without Human Resources.

Return to work meetings should be held in private and be free from interruptions. First and foremost, the manager should warmly welcome the employee back to work and express enthusiasm for the return.

**If the employee is returning with no limitations (supported by the FAF or medical documentation):**

Welcome the employee back

Ask what support can be provided to assist the employee in an easy return

Set up weekly meetings with the employee for the first month to assist with a smooth transition back into their role

Brief the employee on current workplace tasks and priorities that are happening within the organization, team and/or position

Let the employee know that your door is always open. It is important that if the return to work plan is not going well or the employee is facing challenges, they bring these up as soon as possible. It may happen that the employee needs to return to their treating medical provider with the challenges they are facing and request a new Functional Accommodations Form be completed. Please reach out to Human Resources for support with this process.

**If the employee is returning with limitations:**

Upon receipt of a completed Functional Accommodations Form, Human Resources will provide the limitations and restrictions to the employee’s manager, along with communications on accommodations. Employees that are returning with limitations should be involved in the development of workplace accommodations and may meet with Human Resources and/or their manager to discuss accommodations. Once accommodations are determined, a return to work plan will be created by Human Resources and communicated with the employee and manager. Please see the Accommodation Guide for further details regarding the process for individual accommodation plans.

A return to work meeting with the employee will be to discuss each limitation or restriction with the employee, make suggestions on what can be done and ask for their thoughts, suggestions and opinions. This conversation needs to be collaborative and respectful. Accommodations can be difficult for managers and colleagues, however, managers should not express frustrations with the required accommodations.

Through this process, it is important to:

Welcome the employee back

Review restrictions and limitations

Brainstorm solutions to support the required accommodations

Finalize accommodations and measures (if required)

Sign the modified duties plan

Check to see if any training or other supports are required (for employees, managers or colleagues)

Set up regular meetings with the employee to discuss transition and duties

Brief the employee on current workplace tasks and priorities that are happening within the organization, team and/or position

Let the employee know that your door is always open. It is important that if the return to work plan is not going well or the employee is facing challenges, they bring these up as soon as possible. It may happen that the employee needs to return to their treating medical provider with the challenges they are facing and request a new Functional Accommodations Form be completed. Please reach out to Human Resources for support with this process.

During meetings with the employee or upon the employees return to work, the manager may want to ask the employee about why they were away, what was wrong, what the diagnoses was or what treatment they received, however, these questions should never be asked. The employee is entitled to privacy and does not have to share these details with their manager. Human Resources or the manager will have received supporting medical documentation stating that the employee cannot work or what the employee’s limitations and restrictions are upon returning to work and this is all the manager is required to know. Employees returning to work may share this information as long as they are the ones making the decision to share it.

**Managers can ask or state the following:**

✓ How are you?

✓ I was worried about you.

✓ I am glad to see you back at work.

✓ I hope everything is okay.

✓ How are you feeling?

✓ What can I do to make things easier?

**Manager don'ts:**

✗ Make assumptions about their limitations or leave

✗ Ask for personal details about their absence

✗ Talk about how stressed their colleagues were or how behind the team is because of their absence

✗ Accuse them of causing a workplace challenge due to their absence or their accommodations

**Follow Up**

During any return to work process, the manager should follow up and check in on how the employee is doing. These conversations should also be focused on ensuring that the employee is transitioning to their position. If the employee is on modified duties typically, there will be a review date to modify any requirements. The manager should make sure these dates are scheduled and the employee is being transparent about their abilities and/or concerns.

**Follow up questions could include:**

✓ How is your day going?

✓ Do you have any questions?

✓ How are you finding the accommodations?

✓ How is your workload?

✓ How are you feeling?

 Return to Work Forms

The Return to Work (RTW) Form is designed for use in conjunction with the established RTW Guide and following a medical evaluation (functional accommodation/abilities form). The RTW Form provides an overview of the worker RTW plan.

|  |  |
| --- | --- |
| **Employee Information** | |
| Name: *Click or tap here to enter text.* | |
| Position: *Click or tap here to enter text.* | Phone number: *Click or tap here to enter text.* |
| Department: *Click or tap here to enter text.* | E-mail address: *Click or tap here to enter text.* |
| **Employer Information** | |
| Business name: Brescia University College | Supervisor name: *Click or tap here to enter text.* |
| Supervisor e-mail address: *Click or tap here to enter text.* | Supervisor extension: *Click or tap here to enter text.* |
| RTW Coordinator Choose an item.: | E-mail address: *Click or tap here to enter text.* |
| **Insurance Details (For LTD RTW Plans)** | |
| Name of insurer: *Click or tap here to enter text.* | Claim manager: *Click or tap here to enter text.* |
| Phone number: *Click or tap here to enter text.* | Claim #: *Click or tap here to enter text.* |
| **Medical Details** | |
| Employee’s treating medical provider, physician or clinic: *Click or tap here to enter text.* | |
| Address: *Click or tap here to enter text.* | Phone number or fax number: *Click or tap here to enter text.* |

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| --- | --- | --- |
| **Return-to-Work Goals** | | |
| Same job description | Modified job description | Modified work schedule |
| New job description | Other rehabilitation options | |

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| --- |
| Work Restrictions or Limitations |
|  |
| Workplace Accommodations Required |
|  |

|  |
| --- |
| **Graduated Return-to-Work Sample**cid:image006.png@01D94C50.64C3D2B0 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Graduated Return to Work Schedule** |  |  |  |  |

Start date: *Click or tap here to enter text.*  
Review date: *Click or tap here to enter text.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week** | **Date** | **Hours of Work Per Day** | **Duties** | **Restrictions** |
| One | *Click or tap to enter a date.* | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Two | *Click or tap to enter a date.* | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Three | *Click or tap to enter a date.* | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Four | *Click or tap to enter a date.* | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Five | *Click or tap to enter a date.* | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Six | *Click or tap to enter a date.* | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Seven | *Click or tap to enter a date.* | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Eight | *Click or tap to enter a date.* | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Nine | *Click or tap to enter a date.* | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |
| Ten | *Click or tap to enter a date.* | Choose an item. | Click or tap here to enter text. | Click or tap here to enter text. |

**Actions to Complete to Enable the Worker to Return to Work**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item #** | **Action** | **Person Responsible** | **Completion or Review Date** |
| One | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Two | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Three | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |
| Four | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap to enter a date. |

**Agreement**

I agree to the terms of this return-to-work program.

**Employee**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:        \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Employer representative**

Name:                \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position:         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Reviewed by:**

Human Resources

Last Review: March 2023