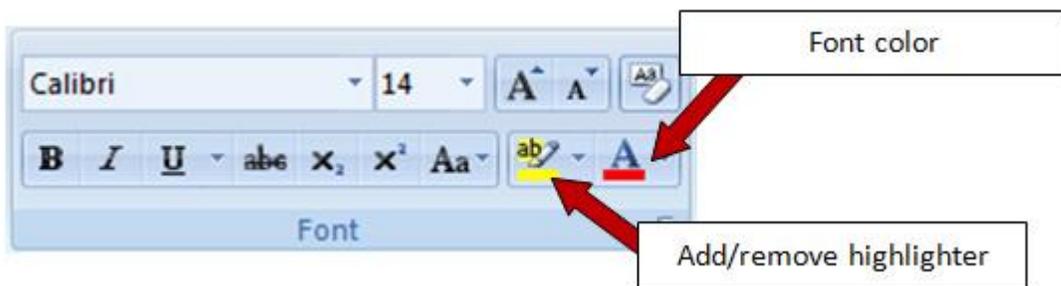


Using This Template

The following template can be used to help your organization develop a written Return To Work Program. This template **cannot** be used as is – you must customize the template to meet the needs of your organization and your state laws. We have made this template easy for you to customize by adding visual prompts that identify where your input is needed. These are identified by yellow highlighted, red text in the template. You may also change any of the text in the template to meet your organization’s needs – for example, department names, job titles and listed responsibilities and procedures.

To remove the colored highlighting from your text, left click and drag your mouse over the yellow text and click on the highlighter button from the Font menu. To change the font color to black, select the text and click on the font color button.



To aid you in understanding the need to customize your program, several “Check Your Understanding” text boxes are also included throughout the template. After reading the information in the text box and adding the required information into the template, you may simply right click on the cross arrow box and select “cut.”

Disclaimer. This sample safety program template cannot be used as is. You must customize the template to meet the needs of your organization. Truck Writers does not guarantee that this template is or can be relied on for compliance with any law or regulation, assurance against preventable losses, or freedom from legal liability. We make no representations or warranties of any kind whatsoever either express or implied, in connection with the use of this template. Truck Writers will not be liable for your use of the template as customized by you. All safety programs and policies, including this template and the information you supply to complete it, should be reviewed by your legal counsel and/or risk management staff.

NAME

Return To Work Program

Check Your Understanding. A Return To Work Program is designed to provide medically approved, transitional work for employees with work related injuries or illnesses.

A common goal of every organization's safety program is to prevent workplace accidents and injuries. When an injury does occur, its ultimate cost can be controlled through injury management tools such as Return To Work Programs and the use of designated or preferred medical providers. This sample program is designed to help your organization develop a Return To Work Program to manage workers' compensation related injuries. Every organization, large or small, can benefit from a Return To Work Program. Some of the possible benefits of developing a program may include:

- Reduced workers' compensation premium and experience modification factor
- Reduced operational costs related to training, overtime, rehiring and loss of production
- Reduced workers' compensation lost time payment
- Reduced medical costs
- Improved worker morale

An ideal Return To Work Program will include a policy statement, a list of preplanned transitional work options and written job descriptions.

Policy Statement

NAME is committed to providing a safe and healthy working environment for all employees. As part of this commitment, we shall make every reasonable effort to provide suitable temporary employment to any employee unable to perform his or her job duties as a result of a workplace injury or illness. This may include a modification to the employee's original position or providing an alternative position, depending on the employee's medical restrictions, providing that this does not create an undue hardship to NAME. This program applies to all employees with work-related injuries and/or illnesses.

Only work that is considered meaningful and productive shall be considered for use in the Return To Work Program. Employees placed on a return to work plan will be expected to provide feedback in order to improve the program. All employees, regardless of injury or illness, will be considered for placement through the Return To Work Program.

Check Your Understanding. Return To Work Programs can also be designed to include other work absences such as non-work related injuries or absences related to health. If expanding Return To Work Programs to cover these other elements, an attorney who specializes in employment practices should be consulted to review your state's laws.

Medical Provider

NAME's designated/preferred medical provider is <Medical Provider's Name, Address, Phone>. All employees injured at work will go to <Medical Provider> for treatment. <Medical Provider> has been sent copies of all of NAME's job descriptions.

Check Your Understanding. Each state's laws differ regarding the extent that an employer can direct employee's healthcare and providers in the event of a workplace injury. You should consult your organization's legal counsel or your state workers' compensation board to determine the level and extent you can direct your employee's medical care.

If you are located in a state that doesn't allow you to designate a treating physician, send the Letter to Treating Physician in Appendix E to the treating physician. This letter informs the physician of your intent to bring the employee back to work as soon as medically possible.

Transitional Work

NAME has identified a list of preplanned transitional work for common work restrictions. This list can be found in **Appendix C**. NAME will work with <Medical Provider's> prescribed restrictions to find transitional work for all injured employees. The work may consist of modified, alternative or a combination.

Check Your Understanding. People often confuse the terms transitional work, modified work and alternative work.

Transitional Work allows an employee with temporary work restrictions to work in a modified or alternative capacity for a defined period of time, while recuperating from an illness or injury. Transitional work can consist of modified work or alternative work.

Modified Work may include changing, transferring or eliminating specific job duties within the employee's regular job to meet the temporary work restrictions.

Alternative Work may include offering the employee a position other than his or her regular job to meet the temporary work restrictions.

This program doesn't use the term "light duty" because it doesn't allow you to identify specific work modifications. Return to work programs can include modified work and/or alternate work, each of which will aid in the employee's transition back to full and normal work activities. It's important to remember that an employee's restrictions may change during their recovery leading to changes to his/her temporary work assignments.

It's important to identify transitional work options before they are needed. For help with ideas on various accommodation options, visit the Job Accommodation Network's [Searchable Online Accommodation Resource](#).

Written Job Descriptions

NAME has written job descriptions for all positions with detailed information on physical demands and essential tasks. All job descriptions are shared with <Medical Provider> so they can provide input regarding the transitional work the injured employees can perform. <Human Resources> reviews job descriptions annually to ensure they include up-to-date information and measurements.

Check Your Understanding. Written job descriptions describe the tasks and activities that workers perform and are helpful to medical providers who provide input regarding the type of activities an injured worker can complete. If the job descriptions contain information about the physical demands of the worker's duties and activities then the medical provider can sometimes specify which activities a worker can or can't perform rather than imposing very general physical restrictions.

Job descriptions are created using functional job analysis. This is a process used to identify the essential tasks of a job and the competencies a worker must possess to adequately perform the job. For more information on essential tasks, [click here](#).

Program Responsibilities

Management. The management of NAME is committed to our overall safety program, including our return to work initiatives. Management supports the Return To Work Program and the Program Administrator by pledging financial and leadership support. Management will effectively communicate with employees about the program on a regular basis.

Check Your Understanding. Although the term "Program Administrator" is used throughout this document, it does not need to be an official title or position at your organization. This person may be a Safety Director, Human Resource Manager, or even the company owner in a smaller organization. The term is simply used to identify the person who is responsible for reporting and managing workers' compensation injuries in the workplace.

Program Administrator. The Program Administrator is the primary contact for the Return To Work Program. The Program Administrator will:

- Ensure prompt, quality medical care is available and offered to injured employees.
- Identify transitional work for injured employees and record in **Appendix C**.
- Follow all the steps outlined in **Appendix F** when an employee is injured.
- Maintain all return to work records and communications in a folder separate from the employee's HR folder.
- Train supervisors and employees on the program annually or when employees are assigned to a new role or responsibility. Training will be documented in the Training Record located in **Appendix K**.
- Review the Return to Work Program annually and make any needed changes or updates.
- Arrange for <medical providers> to tour facilities.
- Record injured employee's transitional work hours in **Appendix I** and send to <insurance carrier or other appropriate party>.

Supervisors. Our supervisors play an active role in the success of our Return To Work Program. Supervisors will:

- Assist the Program Administrator in identifying transitional work options.
- Follow all the steps outlined in **Appendix G** when an employee is injured.
- Assign employees with job-related restrictions to transitional work within their prescribed restrictions. (*Under no circumstance should an employee be assigned to work that exceeds the medical provider's restrictions.*)
- Ensure all employees with job-related restrictions are adhering to their restrictions.

Injured Employees. Every effort will be made to assist the injured employee in returning to his or her regular position as soon as it is medically safe to do so. To assist in this effort, employees must do the following:

- Follow all the steps outlined in **Appendix H** if injured on the job.
- Attend all scheduled medical, therapy and other related appointments, and follow all medical advice.
- Provide their supervisors and the Program Administrator with information about their work restrictions or changes to work restrictions (this includes release to full duty with no continuing restrictions).
- Only perform work activities within the restrictions – both on and off the job. If problems develop, even for work within the current restrictions, employees must notify their supervisor immediately.
- Perform assigned transitional work. Note: the injured employee may or may not be working the same position or even in the same department.

Permanent Job Modifications

In the event an injury results in permanent medical restrictions, we will work with our insurance carrier to determine the best course of action. In some cases, this may include reasonable accommodations made to the worker's regular job or the placement of the employee in a position that is suitable to his or her permanent restrictions.

Training

All employees including new hires will be trained annually on NAME Return to Work Program. Training will include the following topics:

- Purpose and detail of the Return To Work Program
- How to fill out necessary return to work forms
- The step-by-step process to follow when an injury occurs
- Where to go for treatment if injured on the job
- How to report any work restrictions prescribed by their physician
- How to report any difficulties with performing transitional work duties

All training will be documented in **Appendix K**.

Periodic Program Review

At least annually, the Program Administrator will conduct a program review to assess the progress and success of the program. **(Appendix J)**

Revision History

Revision <1 – Date>

SAMPLE

Appendix A – Employee Work Injury Report

You, the injured employee, are responsible for answering all questions on the Employee's Work Injury Report accurately and in detail. This completed report should be given to the Program Administrator within 24 hours of your work-related injury.

Employee Work Injury Report

Personal Information

Name _____ Social Security Number _____
Address _____ Birth Date _____ Sex M F
City, State _____ Zip _____ Telephone _____
Married Single Number of Dependents _____ Home/School _____
Family Physician _____ Telephone Number _____
Are you currently entitled to Medicare Benefits? Yes No Medicare # (HICN) _____
Have you applied for Medicare or SSDI? Yes No Pending Rejected

Employment Information

Job Title _____ Employment Date _____
Salary/Hourly Rate _____ Hours Worked Per Day _____
Building Location _____ Time Work Day Begins _____

Injury/Illness

Date of Injury _____ Time of Accident _____
Where in the facility/job site did this injury occur? _____
What were you doing when injured? _____
How did the injury occur? _____

Describe the injury or illness in detail and indicate the part of the body affected. (Designate right or left if appropriate)

Any previous similar injury? If yes, explain. _____
Was this injury witnessed? If so, by whom? _____
Did you lose time from work? Yes No Date(s) missed _____
Have you returned? Yes No If yes, what was the date? _____

Treatment

Medical Facility _____
Diagnosis/Care Prescribed _____

Contact

When you return to work, you must call <Organization Contact (444) 444-4444>

Employee Name (PRINTED) _____ Date _____

Employee's Signature _____

Appendix B – Work-Related Injury/Illness Report

Date of Service: _____

Patient Name: _____

Employer: _____

PLEASE FAX IMMEDIATELY TO BOTH:

NAME Fax:

<(999) 999-9999

(Contact your agent for

EMC Insurance Companies Fax:

branch fax number)>

Notified: Yes No

Diagnosis:	Is condition work related? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Treatment Plan:																		
Medication(s):																		
Date of most recent examination by this office: <u> </u> / <u> </u> / <u> </u> . The next scheduled visit is: <input type="checkbox"/> as needed OR <u> </u> / <u> </u> / <u> </u> .																		
Month/Day/Year																		
1.	<input type="checkbox"/> Recommended his/her return to work with no limitations on <u> </u> .	Date																
2.	<input type="checkbox"/> He/She may return to work on <u> </u> with the following limitations:																	
Date																		
DEGREE	LIMITATIONS																	
<input type="checkbox"/> Sedentary Work. Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.	1. In an 8 hour work day, patient may: <table style="width: 100%; border: none;"> <tr> <td>a. Stand/walk</td> <td><input type="checkbox"/> None</td> <td><input type="checkbox"/> 4-6 Hours</td> </tr> <tr> <td></td> <td><input type="checkbox"/> 1-4 Hours</td> <td><input type="checkbox"/> 6-8 Hours</td> </tr> <tr> <td>b. Sit</td> <td><input type="checkbox"/> 1-3 Hours</td> <td><input type="checkbox"/> 3-5 Hours</td> <td><input type="checkbox"/> 5-8 Hours</td> </tr> <tr> <td>c. Drive</td> <td><input type="checkbox"/> 1-3 Hours</td> <td><input type="checkbox"/> 3-5 Hours</td> <td><input type="checkbox"/> 5-8 Hours</td> </tr> </table>		a. Stand/walk	<input type="checkbox"/> None	<input type="checkbox"/> 4-6 Hours		<input type="checkbox"/> 1-4 Hours	<input type="checkbox"/> 6-8 Hours	b. Sit	<input type="checkbox"/> 1-3 Hours	<input type="checkbox"/> 3-5 Hours	<input type="checkbox"/> 5-8 Hours	c. Drive	<input type="checkbox"/> 1-3 Hours	<input type="checkbox"/> 3-5 Hours	<input type="checkbox"/> 5-8 Hours		
a. Stand/walk	<input type="checkbox"/> None	<input type="checkbox"/> 4-6 Hours																
	<input type="checkbox"/> 1-4 Hours	<input type="checkbox"/> 6-8 Hours																
b. Sit	<input type="checkbox"/> 1-3 Hours	<input type="checkbox"/> 3-5 Hours	<input type="checkbox"/> 5-8 Hours															
c. Drive	<input type="checkbox"/> 1-3 Hours	<input type="checkbox"/> 3-5 Hours	<input type="checkbox"/> 5-8 Hours															
<input type="checkbox"/> Light Work. Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls.	2. Patient may use hands for repetitive: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Single grasping</td> </tr> <tr> <td><input type="checkbox"/> Pushing and pulling</td> </tr> <tr> <td><input type="checkbox"/> Fine manipulation</td> </tr> </table>		<input type="checkbox"/> Single grasping	<input type="checkbox"/> Pushing and pulling	<input type="checkbox"/> Fine manipulation													
<input type="checkbox"/> Single grasping																		
<input type="checkbox"/> Pushing and pulling																		
<input type="checkbox"/> Fine manipulation																		
<input type="checkbox"/> Medium Work. Lifting 50 pounds maximum with frequent lifting and/or carrying objects weighing up to 25 pounds.	3. Patient may use feet for repetitive movement as in operating foot controls: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>		<input type="checkbox"/> Yes	<input type="checkbox"/> No														
<input type="checkbox"/> Yes	<input type="checkbox"/> No																	
<input type="checkbox"/> Heavy Work. Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.	4. Patient is able to: <table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;"><u>Frequently</u></td> <td style="text-align: center;"><u>Occasionally</u></td> <td style="text-align: center;"><u>Not at all</u></td> </tr> <tr> <td>a. Bend</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. Squat</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. Climb</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			<u>Frequently</u>	<u>Occasionally</u>	<u>Not at all</u>	a. Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Frequently</u>	<u>Occasionally</u>	<u>Not at all</u>															
a. Bend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
b. Squat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
c. Climb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>															
<input type="checkbox"/> Very Heavy Work. Lifting objects in excess of 100 pounds with frequent lifting and/or carrying of objects weighing 50 pounds or more.																		

OTHER INSTRUCTIONS AND/OR LIMITATIONS:

3. These restrictions are in effect until or until patient is reevaluated.

Date

4. He/She is totally incapacitated at this time. Patient will be reevaluated on .

Date

THIS TREATMENT HAS BEEN DISCUSSED WITH THE EMPLOYEE

Treating Facility Name

Please Print

Physician's
Signature:

Phone
No:

Appendix C – Transitional Work List

The following list outlines preplanned opportunities for transitional work. Tasks selected for an injured employee must be consistent with their work restrictions provided by the medical provider. Additional tasks that may be appropriate for this list should be sent to the Program Administrator for approval. Prior to work beginning, the injured employee’s supervisor and Program Administrator will ensure the selected tasks are within the physician’s prescribed restrictions. The treating physician will be consulted to verify the tasks are appropriately matched to the worker’s current abilities.

Frequency Abbreviation	Number of Repetitions During Shift	Percentage of Time
Rare to Occasional (R/O)	0-20	33%
Frequent (F)	20-100	33-66%
Constant (C)	>100	66-100%

Task Type	Job	Requirements							
		Lift/ Carry (lbs)	Stand/ Walk	Sit	Drive	Grip	Bend	Squat	Climb
Safety Related Tasks	Act as safety liaison, spotter or observer	<5	F	F		O	R	R	R
	Rotate/replace/update /create/clean warning signs or posters	15	F	O		O	O	O	O
	Safety program development	10	O	C		O			
Housekeeping Tasks	Site clean-up	25	F	O		F	O/F	O	
Maintenance Tasks	Water plants, trees and lawns	25	F			F	O/F		
Driving Tasks	Drive delivery truck, forklift or other machinery	<5	O	C	C	C	O	O	O

Check Your Understanding. When creating this list, consider things that your organization hasn’t had time to do. Identify and document some predetermined tasks that meet common medical restrictions, such as lifting, walking, standing, overhead reaching, one-handed duties, bending and sitting. You should measure and record the weights of objects and other physical requirements of the tasks to the best of your ability.

This way, you may be able to simply match the medical provider's restrictions with predetermined transitional work.

Appendix D – Transitional Job Letter

NAME

Address

City, State ZIP>

<Date>

Dear <insert employee name>:

We are pleased to offer you temporary transitional work as part of NAME's Return To Work Program while you are recovering from your injury. It is our goal that this temporary assignment will aid in your transition back into full work activities. Your doctor <name> has released you to perform certain work activities, which we have available for you.

Start Date: <time and date>

Planned Work Schedule: <hours and days worked>

Supervisor Name: <name of supervisor>

Job Title/Tasks: <tasks approved by treating physician>

Any difficulty in performing the work you are assigned must be reported to your supervisor immediately. Your wage and benefits for this temporary transitional position will be paid according to our policy and <state's> workers' compensation laws.

We look forward to your return to work at <time> on <date>, and ask that you please check in with <appropriate name>. Please contact me if you have any questions or to discuss this further. We ask that you respond promptly to this job offer by signing the written acknowledgment at the bottom of this letter. Please return the original copy of this letter to me by <date> and retain a copy for your records as well. Please note that if we do not receive this acknowledgment form from you by this date, your rights to further workers' compensation benefits may be affected.

Sincerely,

<Name and Title>

<Phone Number>

I acknowledge receipt of this letter and offer of temporary transitional work by way of my signature below.

Employee Signature _____

Date _____

SAMPLE

Appendix E – Letter To Treating Physician

NAME

Address

City, State ZIP>

<Date>

Dear <treating physician name>:

<Employee name> is employed by NAME as a <job title>. He/she was injured on <date>.

NAME has a Return To Work Program that is designed to safely return our injured employees to work as soon as possible.

If <employee name> is unable to return to work in his/her original position and capacity, we will make every effort to provide modified or alternative work for him/her. Enclosed you will find a copy of <employee name's> job description, which outlines the employee's essential job functions, and a work-related injury/illness report. Please fill out the work-related injury/illness report so we will have a better understanding of <employee name's> work restrictions. We will ensure that any modified or alternative positions meet all of your prescribed medical restrictions. Please fax the work-related injury/illness report back to our office at <fax #>.

Please contact me if you have any questions at <phone #>. We appreciate your participation in our efforts to return our employees to a safe, productive workplace.

Sincerely,

<Name and Title>

Appendix F – Program Administrator Checklist

Follow the steps below when an employee is injured.

- Fill out the First Report of Injury and send to <insurance carrier or other appropriate party>.
- Contact <Medical Provider> and collect the Work-Related Injury/Illness Report with the doctor's signature.
- Review the Work-Related Injury/Illness Report from <Medical Provider> with the injured employee's supervisor and find transitional work within his/her work restrictions using the following priority:
 - Regular Work.** If the medical restrictions do not exceed the injured employee's regular job requirements, the employee can return to his or her usual job. If not, evaluate modified work options.
 - Modified Work.** If the medical restrictions do exceed the injured employee's regular job requirements, determine if changes can be made to the job to accommodate the employee. For example, an employee with a 20 pound lifting restriction will not be able to complete a job requiring him or her to lift a 30 pound box. We will attempt to work around this restriction through the use of controls such as hoists, or by having another employee perform the lifting task in the interim.
 - Alternate Work.** If job changes are not feasible, determine if other jobs are available within the facility that fall within the employee's restrictions. This may include jobs such as quality assurance inspections or non-routine jobs like filing papers or painting.
- Send the injured employee a Written Transitional Job Offer outlining the duties of the transitional position, start date, hours and work tasks, and a job description for the transitional job.
- Receive signed copy of the Written Transitional Job Offer from the employee.
- Send a copy of the signed Written Transitional Job Offer to <insurance carrier or other appropriate party>.
- File a copy of the signed Written Transitional Job Offer in a folder separate from the employee's HR folder.
- After employee returns to work, check in with him/her daily and remind him/her to only work within the prescribed restrictions.
- Log all the employee's transitional work hours in the Transitional Work Log.
- Send Transitional Work Log to <insurance carrier or other appropriate party>.
- Contact <insurance carrier or other appropriate party> regarding any changes to the employee's work restrictions or if he/she is not adhering to the prescribed restrictions.
- If restrictions change, update the employees transitional work assignment.
- Send employee a new Written Transitional Job Offer if transitional work changes.

NOTE: An employee may be disqualified from receiving workers' compensation benefits if he/she refuses to return to work after a physician has cleared him/her for work. If a situation like this arises, contact your insurance claims adjuster for guidance.

Appendix G – Supervisor Checklist

When an employee is injured, follow the steps below.

- Ensure the employee fills out the Employee Work-Injury Report as soon as possible.
- Direct the injured employee to go to **<Medical Provider's Name, Address and Phone>** for medical care.
- Make sure he/she has the following forms and direct him/her to give the forms to the treating physician.
 - Work-Related Injury/Illness Report
 - Copy of employee's job description
 - Letter to Treating Physician
- Contact employee and ask if he/she has received, reviewed, signed and returned the Written Transitional Job Offer.
- Once the employee has returned to work, report any issues he/she has completing the transitional work to the Program Administrator.
- Assist in logging the employee's transitional work hours in the Transitional Work Log.

Appendix H – Employee Checklist

- Fill out the Employee Work-Injury Report as soon as possible.
- For non-emergency treatment and follow-up care go to **<Medical Provider's name, address and phone>** for medical care with the following:
 - Work-Related Injury/Illness Report
 - Copy of your job description
 - Letter to Treating Physician
- Receive a Written Transitional Job Offer from NAME.
- Review the Written Transitional Job Offer, sign and return to the Program Administrator.
- Return to work on the agreed upon date.
- Report any issues you have completing your transitional work to the Program Administrator.
- Report all transitional work hours to the Program Administrator and your Supervisor.
- Return to regular work when approved by **<Medical Provider>**.

NOTE: *You may be disqualified from receiving workers' compensation benefits if you refuse to return to work after a physician has cleared you for work.*

Date of Evaluation:	Evaluated By (list all present):
---------------------	----------------------------------

SAMPLE

Appendix J – Annual Program Evaluation Report

Written Program Reviewed: Yes No
Comments on Written Program:
The following specific procedures have been reviewed:
The following specific procedures were modified:
The following specific procedures were added:
A review of the accident reports and injury and illness reports were made: Yes No
The following additional expense(s) resulted from failure to use correct return to work procedures:
Comments:

