



**COWICHAN VALLEY**  
School District

## Return to Work Plan

### Worker Information:

<b>Worker Last Name:</b>	<b>Worker First Name:</b>	Occupation:
School/Worksite		

### Employer Information:

<b>Employer Name:</b> School District 79	Primary contact:
Supervisor Name:	

### Plan information:

RTW plan start date (yyyy-mm-dd):		RTW plan end date (yyyy-mm-dd):			
	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Week 1 (dates)					
Restrictions and Limitations					
Week 2 (dates)					



**COWICHAN VALLEY**  
School District

## Return to Work Plan

Restrictions and Limitations					
Week 3 (dates)					
Restrictions and Limitations					
Week 4 (dates)					
Restrictions and Limitations					

### Medical Support (check any/all that apply)

- The plan is medically supported by the Attending Physician
- The plan is medically supported by health care practitioner (Physiotherapist, Nurse Practitioner, Psychologist):

\_\_\_\_\_  
Practitioner name and credentials

\_\_\_\_\_  
Date