

# Return to Work Process

[Zander Sod Co. Limited](#) is committed to supporting employees who have been absent from work due to a disability. We will use the following process to help employees who require accommodation to return to work.\*

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## Step 1. Initiate the leave and stay in contact with the employee

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If an employee needs to take a disability leave, s/he will inform his/her manager and human resources. The employee and manager will maintain regular contact, with the employee's consent, to address any problems that may arise and facilitate the return to work process.

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## Step 2. Gather relevant information and assess individual needs

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The employee and manager will work together to share information and find the most appropriate accommodation, for example:

### Manager

- Provides the employee with return to work information
- Helps resolve any problems with treatment if requested to do so by the employee
- Maintains regular contact with the employee
- Ensures work practices are safe for returning employee
- Assists with identifying accommodations
- Assists with analyzing the demands of each job task

### Employee

- Gets and follows the appropriate medical treatment
- Provides updates about their progress, including information about his/her functional ability to perform the job
- Provides his/her health care provider with the return to work information

Health care provider(s), union/workplace representative(s) and health and safety professional(s) may also participate in the process, if needed.

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## Step 3. Develop a return to work plan

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After identifying the most appropriate accommodation, safety considerations and any transitional measures, capture the details in a written plan.

Depending on circumstances, the employee may:

- return to the original position
- return to the original position with accommodation(s) on a temporary or permanent basis
- return to an alternate position on a temporary or permanent basis

The return to work plan should be attached to the employee's individual accommodation plan.

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## Step 4. Implement, monitor and update the plan

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After implementing the return to work plan, the employee and manager will monitor and review the plan regularly to ensure that it remains effective. If the accommodation is no longer appropriate, they will reassess the situation (step 2) and update the plan.

\* This return to work process does not replace or override any other return to work process created by or under any other statute. It should not be taken as legal advice. You should contact a lawyer for advice for your particular set of facts or circumstances.

# Return to Work Plan

## Confidential when completed

### Employee Information

Last Name	First Name
Title / Department	

### Manager Information

Last Name	First Name
Title / Department	

Return to work plan start date (yyyy/mm/dd)	Return to work plan end date (yyyy/mm/dd)
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### Goal

At the end of the return to work process, the employee will return to his/her

- Original job
- Original job with modifications
- Alternate job (include job description)

### Accommodations and transitional measures

List any limitations the employee experiences as a result of his/her disability, how it affects different aspects of his/her job and any accommodations or safety measures required to help the employee return to work. Accommodations may include, but are not limited to:

- Modified work hours/days
- Modified work location
- Modified job requirements
- Assistive device(s)
- Additional support (e.g. colleagues helping with specific tasks)

If the measures will be phased in or out, include a start/end date.

1. Limitation	
Tasks/activities affected	
Accommodation	
Safety considerations	
Start Date (yyyy/mm/dd)	End Date (yyyy/mm/dd)

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**Assignment to alternate position**

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Complete this section if the employee will not be returning to his/her original job. The assignment to an alternate position may be temporary or permanent.

Job title

Length of assignment

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Describe the new position

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List any training requirements and safety precautions

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**Comments / Notes**

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Use this section for any additional information (e.g. details of alternative work arrangements, budget code for accommodation costs, etc.)

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**Signature**

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Employee's Signature

Date (yyyy/mm/dd)

Manager's Signature

Date (yyyy/mm/dd)

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