**Company Name**

**Return to Work Policy Statement**

COMPANY NAME is committed to the health and wellness of our employees, as well as the recovery from disability (both injury and illness). We are committed to fulfill our obligation to assist in returning an injured employee to safe and suitable employment.

The company will fulfill its obligation to an injured employee by having a suitable representative contact the employee as soon as possible following the injury to work together on developing a plan to return to work. We will offer employment that is consistent with the functional abilities of the employee involved. We will make every effort to accommodate our employees in accordance with the Workplace Health Safety and Compensation Commission’s Policy RE-18 Hierarchy of Return to Work and Accommodation and section 89 of the Workplace Health Safety and Compensation Act.

If an employee is unable to return to their position as a result of work related injury, then the company will consider alternate options in accordance with section 89.1 of the Workplace Health Safety and Compensation Act as well as the Human Rights legislation.

A critical component of the Return to Work program is that the employee is involved in all aspects of their return to work planning. All members of the organization including supervisors, co-workers, and management are responsible for being active participants and cooperating in the process of returning an employee to work when required. Where necessary, we will request input and advice from the Commission and other parties involved in the Return to Work process.

Any personal information received or collected that can lead to the identification of an injured employee will be held in the strictest confidence. Information of a personal nature will only be released if required by law or with the approval of the employee in question who will specify the nature of the information to be released and to whom it can be released.

The Return to Work program has been developed for and is available to all employees.

This statement will be reviewed at least annually and will be updated or changed as required.

**Name**

**Date**