

**Return to Work Process/Plan  
Individual Accommodation Plan**

The Toronto District School Board is committed to supporting employees who have been absent from work due to disability. We will use the following process to help employees who require an accommodation to return to work.

**1. Initiate the leave and stay in contact with the employee**

If an employee needs to take a medical leave, s/he will inform their Principal/ Supervisor/Manager/Disability Case Administrator. The employee and Principal/ Supervisor/Manager/Disability Case Administrator will maintain regular contact, as required, to address any problems that may arise and facilitate the return to work process.

**2. Gather relevant information and assess individual needs**

The employee and Principal/ Supervisor/Manager/Disability Case Administrator will work together to share information and find the most appropriate accommodation, for example:

**Principal/Manager/Supervisor/Disability Case Administrator**

- Provides the employee with return to work information
- 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 their functional ability to perform the job
- Provides their 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.

**3. Develop a return to work plan**

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, if applicable.

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

After implementing the return to work plan, the employee and Principal/Supervisor/Manager and Disability Case Administrator will monitor and review the plan as needed. If the accommodation is no longer appropriate, they will reassess the situation (step 2) and update the plan.



Confidential when completed

**Employee Information**

Last Name | First Name

Title/Department

**Principal/Manager/Employee Services 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)

**Goal**

At the end of the return to work process, the employee will return to their

- 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 their disability, how it affects different aspects of their 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.

Limitation

|                          |                       |
|--------------------------|-----------------------|
| Task/activities affected |                       |
| Accommodation            |                       |
| Safety considerations    |                       |
| Start Date (yyyy/mm/dd)  | End Date (yyyy/mm/dd) |

**Assignment to alternate position**

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

|                           |                      |
|---------------------------|----------------------|
| Job title                 | Length of assignment |
| Describe the new position |                      |

List any training requirement and safety precautions

**Comments/Notes**

Use this section for any additional information (e.g. details of alternative work arrangements.)

**Signature (Receipt of this document)**

|   |                   |
|---|-------------------|
| Employee's Signature                    | Date (yyyy/mm/dd) |
| Principal/Supervisor/Manager/ Signature | Date (yyyy/mm/dd) |

Required Distribution: Employee  
Principal/Supervisor/Manager  
Disability Case Administrator