

SUITABLE DUTIES FORM

Suitable duties plan completed by:			Date:	
Current medical certificate date:	From:		To:	
Current plan goal:				
Current plan duration:	From:		To:	
Employee Details				



SAMPLE

ORDER NOW AND GET FULL ACCESS

Planned or Proposed – Hours per day / Days per Week (does not include breaks, appointments or physical rehabilitation)

	Mon	Tues	Wed	Thurs	Friday	Sat	Sun	Total Hrs.
Week 1								
Week 2								
Week 3								
Week 4								

Medical Recommendations/Other Safe Working Guidelines (Add/delete as required)



SAMPLE

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Reading Instructions to Complete

- ☐ I agree to this plan as proposed
 - ☐ I have made amendments to this plan as noted
 - ☐ I understand the nature of return to work injury claim
- Will assistance for WPI or other services be required for this worker? ☐ Yes ☐ No
- Please specify:

The following table has been agreed to by

	Name	Signature	Date
Employee			
Responsible Supervisor			
Employee			
Supervisor			
WPI Coordinator			