**Return to Work Policy Statement**

In fulfilling this company’s commitment to provide a safe and healthy working environment, a Return to Work Program has been established for employees who have sustained a workplace injury or illness.  *(Some employers also extend these policies to off the job disabilities and that should be stated here as well.)*

 *(Company Name)* is committed to providing opportunities for an employee who is injured on the job to return to work at full duty as soon as medically possible. If the injured employee is not physically capable of returning to full duty right away, the program provides opportunities for the employee to perform his or her regular job with modifications or to perform alternate temporary work that meets his or her physical capabilities.

If an injured employee’s physician determines that he or she will not be able to return to his or her regular duties, *(Company Name)* will make every effort to place the employee in a position comparable in nature and earnings to his or her pre-injury position. If no suitable positions exist, we will make provisions for the employee to receive a vocational assessment that will help him or her find suitable employment with another employer. We will make every reasonable effort to facilitate the successful return to work of every employee who is injured on the job.

For further information about *(Company Name’s)* Return to Work program, you may contact

*(the designated Return to Work Program Contact)­* at XXX-XXX-XXXX.

*Signature* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(Director of Human Resources/Executive Manager)*