

# SUITABLE DUTIES PLAN

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

**Employee Details**

Name:			
Address:			
Phone:			
Date of Injuri:			



**SAMPLE**

**ORDER NOW AND GET FULL ACCESS**

Full Access  
 Basic Access (Medical Certificate)  
 Other

Current Medical Certificate or Full Medical Certificate or Other Medical Certificate

We will be able to offer suitable duties to you with restrictions?  
 Specific details of duties to be completed

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

	Mon	Tues	Wed	Thurs	Friday	Sat	Sun	Total Hrs.
Week 1								
Week 2								
Week 3								
Week 4								
Medical Recommendation per Safety Working Guidelines A... require								



**SAMPLE**

**ORDER NOW AND GET FULL ACCESS**

**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 duties

Will assistance be required for this worker?  Yes  No

Please specify:

**The following table has been agreed to by:**

	Name	Signature	Date
Employee			
Supervisor			
HR Coordinator			