



Sample Form: Return-to-Work Program

(Your organization's name) _____ supports the practice of bringing injured employees back to work, as soon as they are medically able, to a position in our organization compatible with any physical restrictions they may have. We believe this practice serves the best interests of our employees and organization.

The prompt return of injured employees to positions within their medical restrictions will minimize the impact of work-related injuries. Coming back to work early helps employees remain functional as they recover while providing our organization with the valuable use of employees' talents. It also helps control workers' compensation costs.

If you are injured at work, report the injury to your supervisor immediately—no matter how minor the injury is. Your supervisor will report it to our organization's workers' compensation claims coordinator within 24 hours. Any questions concerning workers' compensation should be directed to this individual.

Claims Coordinator: _____ **Phone:** _____

Your supervisor and/or claims coordinator will help arrange for medical treatment following an injury. Prompt, quality medical treatment can be assured through the use of our primary care clinic.

Clinic: _____ **Phone:** _____

Current positions may be modified to fit the medical limitations of injured employees by modifying workstations, altering specific tasks or working reduced hours. If this is not possible, temporary transitional jobs may be made available either with your department or through a temporary assignment with another department.

Examples of these transitional jobs or tasks include:

This return-to-work program is an important part of our organization's commitment to manage work-related injuries in a way that's best for our employees and for this organization.

Signature: _____ **Title:** _____ **Date:** _____

LMC Insurance & Risk Management
4200 University Avenue, Suite 200 West Des Moines, IA 50266-5945
1-800-677-1529 // www.LMCinsurance.com

