

Return to Work Plan

Cancer in the Workplace Workshop

Employee Name:

Pre-illness day / hours of work:

Date:

Pre-illness role / position:

Stage 1 Plan	
Commencement Date	
Manager / Supervisor contact details	
Treatment Days / Times	
Days and Hours of Work (e.g. Mon 8-12, Wed 8-3)	
Work Location (e.g. Mon Home, Wed Office)	
Duties to be performed	
Modified Key Outcomes (KPIs)	
Exemption to duties	
Workplace Adjustments and Modifications	
Review Date	
Plan for Next Review	
Additional Support	