



## Employer/Employee RTW Worksheet

### Questions:

### Record Answers in Spaces Below:

<b>Employee's perceived present work abilities (what physical activities <u>can</u> you perform now?):</b>	
<b>Employee's perceived limitations/restrictions:</b>	
<b>What <u>specific tasks</u> are required by your usual job that you <u>can</u> perform now?</b>	
<b>What <u>specific tasks</u> of your usual job <u>can't</u> you perform now? Explain why not:</b>	
<b>What regular work tasks could you now perform with the additional assistance of co-worker(s)?</b>	
<b>What tasks might you be able to perform if the job methods were modified? (e.g., use one hand only, or change postures, etc)</b>	
<b>What regular work tasks might you be able to perform if provided with adaptive tools or equipment?</b>	
<b>What alternate work tasks outside of your regular duties might you be able to perform while recovering from this injury? How can this benefit the company and your co-workers?</b>	
<b>In what other way could you help the company meet its core business needs while you recovery from the injury?</b>	

Please list any questions or concerns that the employee or employer may have about a possible return to *Temporary Limited Duty* (Transitional Work Assignment) while recovering from the injury:

**Signatures:**

\_\_\_\_\_  
**Employer Name**

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

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Name**

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

\_\_\_\_\_  
**Date**