



North Carolina Department of Public Safety Workers' Compensation Return to Work Request/Plan

SECTION I: Identifying Information

Employee Name: _____

(Personnel ID #:)

Date Injury Occurred: _____

Location/Workplace: _____

Location Phone #)

Define "Other:" _____

Treating Physician: _____

Type of Injury/Illness: _____

Body Part(s): _____

Full/Unrestricted Duty Effective date of RTW: _____

If applicable, Re-qualified with all issued firearms: Yes, Date: _____ N/A

(Supervisor/Work Unit Designee's Signature)

(Supervisor/Work Unit Designee's Printed/Typed Name)

(Date)

Limited/Restricted Light Duty Effective date of RTW: _____

If restrictions are indicated, can restrictions be accommodated? No Yes (If yes, complete Section 2)

SECTION 2: Return to Work Plan for Limited Duty Assignment

You have been provided a Return to Work Letter that has been tailored to your abilities based on the current restrictions ordered by your physician. These duties will be reassessed after your next physician's visit, but are subject to change at any time. Employee must provide physician's return to work note to work location for submission to the Central HR Workers' Comp office.

Signatures:

(Supervisor/Work Unit Designee's Signature)

(Supervisor/Work Unit Designee's Printed/Typed Name)

(Date)

(Employee's Signature)

(Employee's Printed/Typed Name)

(Date)

(Workers' Comp Program Manager/Designee's Signature)

(Workers' Comp Program Manager Designee's Printed/Typed Name)

(Date)

Work location must obtain approval from the Central HR Workers' Comp office prior to employee's reinstatement. Please scan or email return to work note and HR207 to:

Arlene.Dawson@ncdps.gov for Adult Correction; or

Rebecca.Hinton@ncdps.gov for Law Enforcement and Juvenile Justice.