

Return-to-Work Policy & Templates Pack

A complete framework for Minnesota employers — from policy statement to offer letter

This pack contains: (1) RTW Policy Template, (2) Transitional Duty Task Inventory, (3) Suitable Work Offer Letter, (4) Medical Restrictions Tracking Form, and (5) RTW Planning Worksheet. All templates are ready to customize with your company information.

Template 1: Return-to-Work Policy Statement

INSTRUCTIONS: *Customize all bracketed fields with your company information. Have this reviewed by your workers' comp carrier and legal counsel before finalizing. Post in your employee handbook and in common work areas.*

[COMPANY NAME] Return-to-Work Policy

Effective Date: _____ Approved By: _____

Policy Statement

[Company Name] is committed to the health, safety, and well-being of all employees. When a work-related injury or illness occurs, [Company Name] will make every reasonable effort to return the affected employee to safe, productive employment as quickly as possible and consistent with their medical restrictions.

We believe that remaining connected to the workplace — even in a modified capacity — supports recovery, maintains income, and preserves the employment relationship. This policy reflects our commitment to that belief.

Purpose

The purpose of this policy is to:

- Provide a clear, consistent process for returning injured employees to work
- Ensure compliance with Minnesota Statute § 176.101 (obligation to offer suitable work)
- Reduce workers' compensation costs through early, appropriate return to productive employment
- Support employee recovery and reduce the negative effects of extended work absence
- Demonstrate our commitment to every employee's long-term wellbeing

Scope

This policy applies to all employees who sustain a work-related injury or illness that results in temporary physical restrictions or limitations.

Definitions

Suitable Work: Work that is physically appropriate given the employee's medical restrictions, within reasonable commuting distance, and at a wage reasonably comparable to pre-injury earnings (Minn. Stat. § 176.101).

Transitional Duty: Temporary, modified work performed during the recovery period. May involve reduced hours, different tasks, or modified work methods. Transitional duty is time-limited and not a permanent accommodation.

Medical Restrictions: Documented limitations on physical activity provided by the employee's treating healthcare provider.

Employer Responsibilities

- Review medical restrictions within 24 hours of receipt
- Identify transitional duty options consistent with restrictions when available
- Provide a written offer of suitable work when transitional duty is available
- Maintain regular communication with the employee throughout recovery
- Coordinate with the workers' compensation carrier to support the RTW process
- Ensure supervisors are trained on RTW procedures and communication expectations
- Document all RTW activities, contacts, and offers

Employee Responsibilities

- Report injuries promptly and completely
- Provide medical restrictions from the treating provider following all appointments
- Cooperate with the RTW process in good faith
- Communicate any concerns about assigned transitional duties to [HR Contact / Supervisor]
- Notify the employer of any changes in medical condition or restrictions

Transitional Duty Guidelines

Transitional duty will be offered when suitable work exists that meets the following criteria:

- Consistent with restrictions documented by the treating healthcare provider
- Genuine and productive — not make-work or punitive
- Within the employee's normal commuting distance
- At a wage reasonably comparable to pre-injury earnings where possible
- Time-limited, with a clearly communicated expected duration

Transitional duty may include, but is not limited to:

- Modified duties within the employee's regular role
- Temporary assignment to a different position or department
- Reduced hours consistent with medical restrictions
- Modified methods, equipment, or environment to accommodate restrictions

Anti-Retaliation

Participation in workers' compensation and the RTW process is a protected right. [Company Name] strictly prohibits retaliation of any kind against employees who report work-related injuries, file workers' compensation claims, or participate in the RTW process. Any supervisor or employee found to have engaged in retaliation will be subject to disciplinary action up to and including termination.

This policy is consistent with Minnesota Statute § 176.82.

RTW Coordinator

The designated RTW Coordinator for [Company Name] is:

Name

Title

Phone

Email

Signatures

Role	Signature	Date
Owner / Executive		
HR Manager / Safety		

Template 2: Transitional Duty Task Inventory

INSTRUCTIONS: Complete this inventory before an injury occurs. Identify tasks in your operation that could be performed by an employee with common physical restrictions. Review and update at least annually. Use this as your first reference when medical restrictions are received.

Company Name _____

Location / Department _____

Completed By / Date _____

Section A: Tasks Available for Employees with Lifting Restrictions

Suitable for: restrictions on lifting (e.g., no lifting over 10 lbs, 20 lbs, 50 lbs)

Task Description	Department / Location	Supervisor Contact

Section B: Tasks Available for Employees with Standing / Walking Restrictions

Suitable for: restrictions on prolonged standing, walking distances, stairs

Task Description	Department / Location	Supervisor Contact

Section C: Tasks Available for Employees with Upper Extremity Restrictions

Suitable for: restrictions on arm use, grip, wrist/hand work, overhead reach

Task Description	Department / Location	Supervisor Contact

Section D: Sedentary / Administrative Tasks (any restriction)

Suitable for: most physical restrictions — light or no physical demand required

Task Description	Department / Location	Supervisor Contact
Phone reception / answering customer inquiries	Front office	
Data entry / records updating	Admin / HR	
Inventory counting and documentation	Warehouse / Stockroom	
Training documentation / policy writing	HR / Safety	
Quality control inspection (seated)	Production / Warehouse	
Scheduling / dispatch support	Operations	
Supply ordering and vendor coordination	Purchasing / Admin	
Safety documentation / OSHA log updates	Safety / HR	
Orienting / mentoring new employees	Any department	

Template 3: Suitable Work Offer Letter

INSTRUCTIONS: Complete all bracketed fields. This letter must be provided in writing to the employee. Have your workers' comp carrier review this offer before sending. Retain a signed copy in the claim file.

[Company Letterhead / Logo]

Date: _____

[Employee Full Name]

[Address]

[City, State, ZIP]

RE: Return-to-Work — Suitable Work Offer

Dear [Employee First Name],

We are pleased to offer you a transitional work assignment consistent with the medical restrictions provided by your treating physician, Dr. [Physician Name], dated [Date of Restrictions].

We value your contributions to our team and look forward to your full recovery. The purpose of this assignment is to keep you connected to our workplace while supporting your recovery at the pace your doctor recommends.

Assignment Details

Job Title / Assignment

Department / Location

Start Date

Expected Duration

Daily Hours

Work Schedule

Hourly Rate / Salary

Reporting Supervisor

Duties

Your transitional assignment will consist of the following duties, which are consistent with your current medical restrictions:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Medical Restrictions Honored

This assignment has been designed to comply with the following restrictions as documented by your physician:

-
-
-
-
-

Important Conditions

- This is a temporary transitional assignment and does not alter your regular employment status or position.
- If you experience pain, discomfort, or difficulty with any assigned task, notify your supervisor immediately.
- You must provide updated work restriction documentation following each medical appointment.
- If your restrictions change, this assignment will be reviewed and modified accordingly.
- Your regular position will be held for you, and you will be returned to full duties when your physician releases you.

Response Required

Please indicate your response to this offer by signing below and returning this letter to [HR Contact Name] by [Response Date].

I accept this offer of transitional work.

Employee Signature:

I decline this offer.

Reason for decline (required):

Printed Name:

Date:

NOTE: If you decline this offer of suitable work, your workers' comp carrier will be notified as required by Minnesota Statute § 176.101. This may affect your wage replacement entitlement. Please contact [HR Name] at [Phone] with any questions before making your decision.

Restriction Type	Current Limit	Duration / Until
Dominant hand / arm use	Full / Limited / Non-dominant only	
Repetitive motion	Allowed / Limited / Prohibited	
Bending / twisting	Allowed / Limited / Prohibited	
Driving	Allowed / Limited / Prohibited	
Hours per day / week		
Other (specify):		

Work Status

Current work status as of last appointment:

- Full duty — no restrictions
 Modified duty — restrictions on file
 No work — total disability

Suitable work identified (describe):

Employer action taken:

Template 5: RTW Planning Worksheet

INSTRUCTIONS: Complete this worksheet within 48 hours of receiving the employee's first set of medical restrictions. Use it to guide your conversation with the employee and your workers' comp carrier about return-to-work options.

Employee Name _____

Injury / Body Part _____

Date Restrictions Received _____

Name of RTW Coordinator _____

Workers' Comp Carrier Contact _____

Target RTW Date _____

Step 1: Review Medical Restrictions

List the employee's current restrictions clearly:

-
-
-
-
-
-

Step 2: Apply the 3-Question RTW Test

Question	YES	NO
1. Can this employee do any part of their current job within restrictions?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there another task in our operation they could safely perform?	<input type="checkbox"/>	<input type="checkbox"/>
3. Can we modify a task or role to fit their restrictions?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered YES to any question — a RTW opportunity likely exists. Document it below and contact your carrier.

Step 3: Identify RTW Options

RTW Option 1 — describe duties, hours, and why it fits the restrictions:

RTW Option 2 (backup) — describe duties, hours, and why it fits the restrictions:

Modifications needed (equipment, environment, schedule):

Step 4: Carrier Consultation

Date carrier consulted _____

Carrier representative name _____

Carrier guidance / feedback _____

IME requested? (Y/N and reason) _____

Step 5: Offer Made

Suitable work offer made: Yes — Date: _____ No — Reason: _____

Employee response: Accepted Declined No response by deadline

Written offer letter provided: Yes — Date: _____ No

Step 6: Notes & Follow-Up

Notes / actions / follow-up items:

Need help? CMJTS offers free RTW planning support for Central Minnesota employers. Contact us at cmjts.org or 763-271-3700. Minnesota DEED Vocational Rehabilitation Services also offers employer support at mn.gov/deed.