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| **Employee Name:**  | **Employee Group: □ ADMIN □ ACADEMIC □ SUPPORT □ PART-TIME** |
| **Department:** | **Position Title:**  |
| **Date of Meeting:** | **RTW/MA Team:**  |
| **RTW/MA DISCUSSION NOTES & ACTION ITEMS:** |
| **Current Status:** |
| **Medical Functional Restrictions (including identification of affected core job-related tasks /activities):** |
| **Prognosis/Duration:**  | **Date of next medical assessment (if applicable):** |
| **Will there be an impact to work assigned at non-College locations as a result of this RTW/MA action plan?** **□ NO □ YES If yes, include below.****Has an Individual Emergency Plan been developed/reviewed? □ N/A □ YES (attached)** **Is training required (skills, equipment, etc.)? □ NO □ YES** **If hours of work are reduced, how will absences be recorded in the system?**  |
| **WORKLOAD & ACCOMMODATION REQUIREMENTS: ACTIONS / MODIFICATIONS / SUPPORTS** | **Target Date** | **Person Responsible** |
| **What accommodation strategies will be employed to address the Functional Restrictions?** |  |  |
| **COMMUNICATIONS PLAN:**  Who outside of RTW/MA team needs to be communicated with regarding this MAAP? (ex: Immediate team members, Clients, Students, Dotted line reporting relationships, further clarification from medical practitioner) |
| **Communicate to who?** | **What is to be communicated?** | **Target Date** | **Responsible** |
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**DATE & TIME OF RTW/MA TEAM FOLLOW-UP MEETING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **AGREEMENT & SIGNATURES:** |
| **Employee** | **Date** |
| **Supervisor** | **Date** |
| **OPSEU Local 351/352, RTW Representative** | **Date** |
| **Human Resources Consultant** | **Date** |

**AMENDMENTS & DISPUTE RESOLUTION:**  The manager and the employee will communicate frequently regarding the plan. Significant adjustments outside of the above agreement require the RTW/MA Team to re-convene. The Dispute Resolution process can be found in the Return to Work / Medical Accommodations Procedures document on the HR Website.