**RTW/MA Process**

**Employee Feedback Form Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. I felt supported during my absence (if applicable) and my return-to-work/accommodation process: \_\_\_\_ YES \_\_\_\_NO \_\_\_\_ N/A

Comments:

1. I was aware of the College Return to Work/Medical Accommodation policy and understood my role and responsibilities

\_\_\_\_\_ YES \_\_\_\_\_NO

Comments:

1. The RTW/Medical Accommodation Team supported me in the process \_\_\_\_ YES \_\_\_\_\_ NO

Comments:

1. The College facilitated the appropriate workplace accommodations based on the medical restrictions outlined by my health care provider:

 \_\_\_\_ YES \_\_\_\_ NO

I was contacted by the Human Resources Department following my RTW/MA process to see if there were any concerns with my progress:

 \_\_\_\_ YES \_\_\_\_ NO

Comments:

1. Would you recommend any changes to the RTW/MA process? \_\_\_\_\_YES \_\_\_\_ NO

If yes, please specify:

Employee Signature Date

HR Consultant Signature Date

**Submit to HR Consultant → HR Consultant forward to RTW/MA Program Specialist. Information will be used for continuous improvement purposes only.**