

**WORK RESUMPTION PLAN**

**Absence < 6 weeks**

<b>Name</b>		
<b>Position</b>		
<b>Manager</b>		
<b>Date reporting sick</b>		
<b>Date</b>		
<b>Reason for being absent</b>		
<b>Determine objective:</b>		
	We agree that you have fully returned to work on .....	
<b>Action plan:</b>	<b>Who/what will help?</b>	<b>When? From ... until ...</b>
<b>What actions will be taken?</b>		
<b>Follow-up appointment:</b>		
We will assess the effectiveness of this plan:      weekly		
The above agreements have been concluded in joint consultation.		
Signed on:		
Date:	staff member's signature:	manager's signature: