

NOTICE TO INJURED EMPLOYEE

COMPANY NAME: _____

Procedures Following Injury

You are a valuable resource to _____ **Company Name** _____ and we are committed to doing everything we can to work with you to achieve a successful recovery and return to work.

Our Disability Management program is designed to help you return to work safely and at the earliest opportunity, using modified work alternatives if required.

We have provided you with a package of information that includes the following:

1. Notice to Injured Employee
2. A physical demands analysis of your current job and available modified work
3. Notice to Health Care Provider

These forms are very important in planning for your return to work. Please complete the Authorization to Release Information section of the Notice to Health Care Provider form and ask the treating health care provider to complete the Fitness-for-Work section while you are there. Ensure it is immediately returned to us or contact _____ **Name** _____ at _____ **Telephone Number** _____ if you are unable to do so.

If you must be off work, please contact _____ **Name** _____ at _____ **Telephone Number** _____ each week and after seeing your treating health care provider to advise us of your progress.

For work-related injuries accepted by the WCB, they will be responsible to compensate you for lost wages beyond the date of injury.

Should it be necessary to temporarily place you on modified work duties to accommodate an early return to work we will continue your regular job rate of pay.

Please contact _____ **Name** _____ at _____ **Telephone Number** _____ if you have any questions or if there is anything we can do to assist you.

Yours truly,

Company Designate