

# Mental Health Return to Work Plan

## Employee Information

Name

Position/Job Title

Department

Manager/Supervisor

Date of Return

## Medical and Support Information

Medical Professional/Support Contact

Contact Details

## Work Adjustments & Support

Required Adjustments or Accommodations

Support Needed from Manager or Team

## Work Plan & Duties

Proposed Duties Upon Return

Phased/Gradual Return (if applicable)

Flexibility or Adjusted Working Hours

## Wellbeing Strategies

Actions for Maintaining Wellbeing at Work

Warning Signs/Triggers to Monitor

Steps to Take if Issues Arise

## Review and Check-In

Planned Review Date

Notes

Employee Signature

Date

Manager/Supervisor Signature

Date