*Action Required: To be completed and sent to WorkCover/QSuper when employee commences a suitable duties program or returns to work.*

|  |  |
| --- | --- |
| **TO** | **FROM** |
| **Name**:  | **Name**:  |
| **Organisation**: WorkCover/QSuper | **Organisation**: Department of Education, Training and Employment |
| **Fax**:  | **Position**:  |
| **Date**:    /    /      | **Fax**:  |
| **No of pages**:  | **Telephone**:  |

**Subject**: Notification of new return to work plan.

**EMPLOYEE DETAILS**

|  |  |
| --- | --- |
| **Name:**  | **Claim No:**  |
| **Date of Birth:**    /    /      | **Occupation:**  |

**COMMENTS**

Please find attached a return to work plan that has been developed for the above named employee.

<insert additional comments such how GRTW should be funded>

Should you have any questions in relation to this plan, or need any further information, please contact me on the above telephone number.

**SIGNATURE**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:    /    /

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_