UCF | Human Resources

UNIVERSITY OF CENTRAL FLORIDA

Workers' Compensation Return-to-Work Plan

Part A – Employee Information

Employee Name _____ Department _____

Employee ID# _____ Division or College _____

Job Title _____

Supervisor Name _____ Supervisor Phone _____

Medical Restrictions or Limitations (Attach copy of job description)

Part B– Accommodations

Start Date _____ End Date _____

Describe Essential Job Duties the employee cannot perform (attach additional page if necessary):

Based on the above-noted restrictions, the employee will perform the following alternate job duties (attach additional sheet if necessary):

Alternate/Temporary Department Assigned? ☐ Yes ☐ No

Department _____ Supervisor _____

Part C– Certification

Employee Acknowledgement

I have reviewed and discussed the above Alternate Duty Assignment with my supervisor, and I have been provided with a copy of my job description and alternate duties. Should I be unable to attend a scheduled shift or experience any difficulties while performing the work provided in the Return-To-Work Plan, I will contact my alternate duty supervisor immediately.

Employee Signature _____ Date _____

Supervisor Acknowledgement

I have reviewed and discussed the Return-To-Work Plan with the employee. A signed copy of this plan will be provided to the employee. Should I notice my employee experiencing any difficulties while performing the work provided in this plan, I will contact the HR Leave & Workers' Comp team.

Supervisor Signature _____ Date _____

Print Supervisor Name _____ Phone _____

Dean/Director Acknowledgement

Signature Dean/Director _____ Date _____

Print Dean/Director Name _____ Phone _____

Report to:

Location: _____ Date _____ Time _____

Once completed, forward a copy to Human Resources at loaandworkcomp@ucf.edu

Updated April 2025