**Appendix 10.1 - SAW** **/** **RTW** **Program** **–** **Selection** **of** **Transitional** **Duties**

|  |
| --- |
| Can the employee return to full duties? |
|  |  |
|  |  |  |

|  |  |
| --- | --- |
| Can the employee return to pre-injury / illness job with modifications? |  |
|  |  |
|  |  |
|  |

|  |  |
| --- | --- |
| Can the employee return to another job, full duties, in the same department? |  |
|  |  |
|  |  |
|  |

|  |  |
| --- | --- |
| Can the employee return to another job, full duties, in another department? |  |
|  |  |
|  |  |
|  |

|  |
| --- |
| Can the employee return to another job, with modifications, in the same department? |
|  |  |
|  |  |  |
|  |

|  |
| --- |
| Can the employee return to another job, with modifications, in another department? |
|  |  |
|  |  |  |
|  |

|  |  |
| --- | --- |
| **Yes**Yes, create a plan and monitor |  |
|
| Yes, create a plan and monitor |  |
|  |
|  |
|
| Yes, create a plan and monitor |  |
|  |
|  |
|
| Yes, create a plan and monitor |  |
|  |
|  |
| Yes, create a plan and monitor |  |
|  |

Pre-Injury / Illness Job

**No**

**No**

**No**

**No**

**No**

**No**

Maintain contact with employee and follow-up at least weekly to determine suitability for SAW/RTW Program