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

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| Can the employee return to full duties? | | | |
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| Can the employee return to pre-injury / illness job with modifications? | | |  |
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| Can the employee return to another job, full duties, in the same department? | | |  |
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| Can the employee return to another job, full duties, in another department? | | |  |
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| Can the employee return to another job, with modifications, in the same department? | | | |
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| Can the employee return to another job, with modifications, in another department? | | | |
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| **Yes**  Yes, create a plan and monitor |  | |
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| Yes, create a plan and monitor | |  |
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| Yes, create a plan and monitor | |  |
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| Yes, create a plan and monitor | |  |
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|  | | |
| 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