

RTW Active Management Checklist

If a work-related injury or illness results in time off work, the RTW Specialist should use the following checklist.

Employee Name: _____ Date of Injury/Illness: _____

Employee Home Phone #: _____

Initial Medical Treatment Provided by: _____ Phone #: _____

	ACTION COMPLETED DATE
Received completed supervisor's Initial Incident Investigation Form	_____
Submit employer's First Report of Injury Form to Montana State Fund	_____
Contact with employee within 24 hours to give explanation of workers' compensation process	_____
Contact doctor's office regarding RTW program and provide doctor with copy of original job description and temporary transitional job description	_____
Meet with supervisor to identify transitional job options	_____
Obtain copy of medical release for employee to perform temporary transitional duties	_____
Make formal job offer of temporary transitional position (if mailing, send via certified mail)	_____
Meet with employee and supervisor to discuss temporary transitional job	_____
Contact MSF claims examiner and set up return to work date with employee	_____
Set date for return to work	_____
Employee returns to full duty, temporary transitional duty or termination date	_____