# Plan for return to work

When your employee has been absent from work due to illness for 30 days and is expected to be absent for more than 60 days you as an employer by law have a rehabilitation responsibility (Chapter 30, Section 6 of the Social Security Insurance Code/30 kap. 6 § Socialförsäkringsbalken). This responsibility includes taking the measures needed and making the workplace adjustments required in order to ensure that your employees transition back to work is as smooth as possible.

The rehabilitation responsibility also includes drawing up a written plan for your employee's return to work. This plan should be established together with your employee. It is your responsibility as employer to make sure the plan is followed and is kept up to date. In cases where the Swedish Social Insurance Agency (Försäkringskassan) requests documentation of your rehabilitation measures, the plan can serve as a basis for this.

Please note that the plan should not be submitted to Euro Accident. It is your responsibility as an employer to insure that the plan and the information in it is kept and handled with confidentiality.

Name of employee	Personal identification number (YYYYMMDD-NNNN)
Employer contact (responsible manager)	Telephone number (responsible manager)
E-mail address (responsible manager)	

Describe the employee's regular job responsibilities and any additional commitments to provide an understanding of the work situation.

1.) Contact information

3.) Sick leave				
Employee's first day of sick leave and degree of absence.				
Date	Degree of absence (0, 25, 50, 75, 100 %)			
4.) Cause of reduced work capacity				
5.) Measures taken in order to facilitate the	employee's return to work.			
	ee agreed on? These measures may include: Adjusting ne physical work environment, use of technical aids, as well			

## 6.) Follow up

Follow up on any measures taken and adjust as necessary	. (1	of.	3	pages to	fill in a	as needed).
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Follow-up date	Attendees		Current work capacity (%)		
<b>Evaluation</b> Describe how the measures have or have not yielded the desired effect.		Conclusion What actions need to be taken moving forward to maintain or achieve the desired effect?			
Follow up continuation  Follow up on any workplace	adjustments and adjust a	is necessary.			
Follow-up date	Attendees		Current work capacity (%)		
Evaluation Describe how the measures have or have not yielded the desired effect.		Conclusion What actions need to be taken moving forward to maintain or achieve the desired effect?			



## Follow up continuation

Follow up	on any wor	knlace a	diustments	and adjust a	as necessarv.
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Follow-up date	Attendees		Current work capacity (%)		
<b>Evaluation</b> Describe how the measures have or have not yielded the desired effect.		Conclusion What actions need to be taken moving forward to maintain or achieve the desired effect?			
Follow up on any workplace	adjustments and adjust a	as necessary.			
Follow-up date	Attendees		Current work capacity (%)		
Evaluation Describe how the measures have or have not yielded the desired effect.		Conclusion What actions need to be taken moving forward to maintain or achieve the desired effect?			



#### Follow up continuation

Follow up on any workplace adjustments and adjust as necessary.

Follow-up date	Attendees		Current work capacity (%)	
<b>Evaluation</b> Describe how the measures have or have not yielded the desired effect.		Conclusion What actions need to be taken moving forward to maintain or achieve the desired effect?		

#### 7.) Contact with other stakeholders

Sometimes collaboration with others is necessary. For example, the treating physician in occupational health services or healthcare, rehabilitation coordinator, the Swedish Social Insurance Agency, or Health and Rehabilitation Process Leaders at Euro Accident may be important.

Purpose of contact	Start date	Follow-up date	Contact person
	Purpose of contact	Purpose of contact Start date	Purpose of contact Start date Follow-up date

Signatures	
Employer/Responsible manager and date	Employee and date
Name clarification	Name clarification

