This is an agreement between <insert employee name> and the following people:

For example: Supervisor, Return-to-work coordinator, colleagues



**Purpose**

The purpose of this agreement is to provide a clear set of guidelines for actions to be taken in the event that I exhibit signs or symptoms of becoming unwell at work

**Warning Signs**

The following signs indicate that I need support

**Plan of Action**

The following plan of action should be considered if I become unwell at work:

**S**

**Support if I take time off from work**

My workplace can best support me while I have time off from work by:

**Returning to work:**

The following support will help my return to work:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to the above plan of action if I become unwell during

working hours

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supporter Date