



Graduated Return to Work Agreement

When you should complete this form

Use this form if you are facilitating an employee who has been off work due to illness or injury to gradually return to work. A safe and timely return to work helps employees return to suitable job tasks as part of their recovery and rehabilitation. As part of our claims process, we may engage with healthcare providers who will collaborate with the you, the employee, and treating medical practitioners to support the return to work process.

Please complete all sections, before you return it to us.



1 Employee information

Title Given names

Surname

Date of birth (dd/mm/yyyy) Employee/Payroll number

QSuper claim number

Is the employee's graduated return to work (GRTW) to the same position?
 Yes No

If no, what position is the employee returning to?
 New position title Gross fortnightly FTE income \$

2 Employer information

Employer, place of employment, and region

Employer rehabilitation/return to work contact name

Email address

Phone number Preferred method of contact?
 Email Phone

Employee's supervisor contact name

Email address

Phone number Preferred method of contact?
 Email Phone

3 GRTW program details

GRTW program goal

Program length weeks

Start date (dd/mm/yyyy) End date (dd/mm/yyyy)

Note: Dates should commence Monday through Sunday and cover at least one full week.

4 Program example

Starting date - Monday (dd/mm/yyyy)

Employee hours:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Substantive hours	7.25	7.25	7.25	7.25	7.25	n/a	n/a	36.25
Program hours	0.00	5.00	5.00	5.00	0.00	n/a	n/a	15.00

What are the employee's duties while on GRTW?
 e.g. Normal duties with restrictions listed below.

What are the restrictions or support needed?
 e.g. The employee shouldn't work more than 15 hours per week.

e.g. The maximum weight the employee should lift is 10kg.

Are there any days in this week that the employer is paying in full (i.e. public holidays, sick leave, annual leave)?
 e.g. Employer paying Queen's Birthday public holiday (Monday date dd/mm/yyyy)

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Graduated Return to Work Program:

Week 1

Starting date - Monday (dd/mm/yyyy)

Employee hours:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Substantive hours	<input type="text"/>							
Program hours	<input type="text"/>							

What are the employee's duties while on GRTW?

What are the restrictions or support needed?

Are there any days in this week that the employer is paying in full (i.e. public holidays, sick leave, annual leave)?

Week 2

Starting date - Monday (dd/mm/yyyy)

Employee hours:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Substantive hours	<input type="text"/>							
Program hours	<input type="text"/>							

What are the employee's duties while on GRTW?

What are the restrictions or support needed?

Are there any days in this week that the employer is paying in full (i.e. public holidays, sick leave, annual leave)?

Week 3

Starting date - Monday (dd/mm/yyyy)

Employee hours:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Substantive hours	<input type="text"/>							
Program hours	<input type="text"/>							

What are the employee's duties while on GRTW?

What are the restrictions or support needed?

Are there any days in this week that the employer is paying in full (i.e. public holidays, sick leave, annual leave)?

Week 4

Starting date - Monday (dd/mm/yyyy)

Employee hours:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Substantive hours	<input type="text"/>							
Program hours	<input type="text"/>							

What are the employee's duties while on GRTW?

What are the restrictions or support needed?

Are there any days in this week that the employer is paying in full (i.e. public holidays, sick leave, annual leave)?

Week 5

Starting date - Monday (dd/mm/yyyy)

Employee hours:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Substantive hours	<input type="text"/>							
Program hours	<input type="text"/>							

What are the employee's duties while on GRTW?

What are the restrictions or support needed?

Are there any days in this week that the employer is paying in full (i.e. public holidays, sick leave, annual leave)?

Week 6

Starting date - Monday (dd/mm/yyyy)

Employee hours:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Substantive hours	<input type="text"/>							
Program hours	<input type="text"/>							

What are the employee's duties while on GRTW?

What are the restrictions or support needed?

Are there any days in this week that the employer is paying in full (i.e. public holidays, sick leave, annual leave)?



Important notes

The GRTW program goal is to return the employee to their normal hours and duties, by gradually increasing the hours and duties they work as agreed by them, their treating medical practitioner, and their employer.

Please provide both the number of substantive hours and number of program hours the employee will be working during the agreement period, along with any restrictions or support to be provided. (Refer to the example on page 1.)

To assist with processing salary payments to the employee, please ensure we receive this form at least seven days prior to the commencement of the employee's graduated return to work agreement.

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5 Employee declaration

Title Given names

Surname

Work phone number

Work email address

I confirm the following:

- I will let the Claims Manager know immediately if there is any change to this agreement.
- I understand and agree to the terms of this agreement.
- I understand that I will be paid in accordance with the information provided on this form.

Signature

Date (dd/mm/yyyy)

6 Rehabilitation and return to work coordinator declaration

- I attach supporting medical evidence.
- OR
- I have obtained a signature from the employee's treating medical practitioner to support this agreement.

I confirm the following:

- I have discussed this agreement with the employee.
- I will contact my Claims Manager immediately if there is a change to this agreement.

Signature

Date (dd/mm/yyyy)

7 Treating medical practitioner declaration

Title Given names

Surname

Postal address

State Postcode

Phone number Specialty

Comments

- I have discussed this program with the employee and the rehabilitation contact, and I fully support this agreement.

Signature

Date (dd/mm/yyyy)

I will review the patient on this date (dd/mm/yyyy)

Where to send this completed form

Once this form has been completed, you can:

Email your **Claims Manager** directly, or

Email us at insuranceclaims@qsuper.qld.gov.au

If you need help

If you have any questions about this form, please call or email your Claims Manager directly, or email us at insuranceclaims@qsuper.qld.gov.au

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