

Graduated Return to Work Agreement

When should I use this form?

Complete this form if you're facilitating a return to work program for a Queensland Government or related entity employee who's been ill or injured and is gradually returning to work. Please complete the relevant sections and then give the form to your employee to complete the employee declaration in section 4.

👉 If you spot this symbol, head to the back page to read the Important notes. Also be sure to check out the Additional info about this form (also on the back page) to make sure you have all the info you need to complete the form.

Organising
a graduated
return to work
program?

1 Employee details

Title Given names

Surname

Date of birth (dd/mm/yyyy)

Payroll number

QSuper claim number

Standard hours per fortnight

Fortnightly superannuable salary¹ Substantive position

3 Program details

Program goal

Return to work position

Location (e.g. Brisbane)

Medical condition²

Program length

weeks

Start date (dd/mm/yyyy)

End date (dd/mm/yyyy)

2 Employer details

Department

Name of rehabilitation and return to work coordinator

Phone number

Fax number

Email address

Name of employee's supervisor

Phone number

Fax number

Email address

Week 1 - Example

Starting date (dd/mm/yyyy)

	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	5.00	0.00	5.00	5.00	0.00	n/a	n/a	15.00

What are the employee's duties?

Normal duties with restrictions listed below.

What are the restrictions or support needed?

The employee shouldn't work more than 15 hours per week.

The maximum the employee should lift is 10kg.

Week 1

Starting date (dd/mm/yyyy)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Substantive hours								
Program hours								

What are the employee’s duties?

What are the restrictions or support needed?

Week 2

Starting date (dd/mm/yyyy)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Substantive hours								
Program hours								

What are the employee’s duties?

What are the restrictions or support needed?

Week 3

Starting date (dd/mm/yyyy)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Substantive hours								
Program hours								

What are the employee’s duties?

What are the restrictions or support needed?

Week 4

Starting date (dd/mm/yyyy)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Substantive hours								
Program hours								

What are the employee’s duties?

What are the restrictions or support needed?

Week 5

Starting date (dd/mm/yyyy)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Substantive hours								
Program hours								

What are the employee's duties?

What are the restrictions or support needed?

Week 6

Starting date (dd/mm/yyyy)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
Substantive hours								
Program hours								

What are the employee's duties?

What are the restrictions or support needed?

4 Employee declaration

Title Given names

Surname

Work phone number

Work email address

I'll let QSuper know immediately if there's a change to this agreement.

I understand and agree to the terms of this agreement.

I understand that I'll be paid in accordance with the information provided on this form.

Signature

Date (dd/mm/yyyy)

5 Supervisor's declaration

(this section is optional)

I agree to make sure this program is implemented in the workplace.

Signature

Date (dd/mm/yyyy)

6 Rehabilitation and return to work coordinator

Please select the one that applies

I've discussed this agreement with the employee.

I'll get in touch with QSuper immediately if there's a change to this agreement.

I've attached supporting medical evidence.

OR

I've obtained a signature from the employee's treating medical practitioner to support this agreement.

Signature

Date (dd/mm/yyyy)

7 Treating medical practitioner's details

Title Given names

Surname

Postal address

State	Postcode
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Phone number

Specialty

Comments

I've discussed this program with the employee and the rehabilitation contact, and fully support this agreement.

Signature

I'll review the patient on (dd/mm/yyyy)

Date (dd/mm/yyyy)

Where do I send the form?

Send the completed form to QSuper Insurance Management, GPO Box 200, Brisbane Qld 4001. Make sure we receive it at least 7 days before your employee's program starts.

We're here to help

If you have any questions about this form, just call us on **1300 360 750** or email us at **qsuper.insuranceclaims@qsuper.qld.gov.au** to get in touch.

(QSuper use only)

Claims manager

Forwarded payment (dd/mm/yyyy)

> Important notes

Section 3 Program goal e.g. return the employee to their normal hours within six weeks by gradually increasing the hours they work as directed by their treating medical practitioner.

Please provide the number of substantive hours and program hours the employee will be working during the agreement period (example shown on page 1).

We've left you space on the form so you can list all the duties the employee will be doing during each week of the program, including any restrictions or support that's required to help them complete these duties.

Make sure we receive this form at least 7 days before the employee's graduated return to work agreement starts.

Section 4 An email or photocopy of the Employee Declaration is considered the same as an original.

Additional info about the form

The information that's provided in this form should help facilitate a successful return to work program. The aim of the program is for the employee to return to work gradually until they resume their normal hours and usual duties, which could take between two and six weeks.

As part of their income protection cover, we'll pay up to 75 per cent of the difference between the employee's substantive hours and their program hours.



Member Centres 70 Eagle Street Brisbane and 63 George Street Brisbane
Telephone 1300 360 750 (+617 3239 1004 if overseas)
 Monday – Friday 8.30am to 5.00pm Queensland time

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Fax (07) 3239 1124
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