

Graduated Return to Work Agreement

Please refer to the notes on page 8 where you see this symbol. ➤

Also see the additional information about the form on page 8.

Please complete in dark blue or black ink.

What do I use this form for?

If you are facilitating a return to work program for an ill or injured employee you should complete the necessary sections of this form before providing it to your employee, who should complete the Employee declaration in part D.

Part A Employee details

Mr/Mrs/Ms/Miss/Dr/other (please specify)	Surname	
<input type="text"/>	<input type="text"/>	
Given names		
<input type="text"/>		
Date of birth (dd/mm/yyyy)	Payroll number	QSuper claim number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Standard hours per fortnight	Fortnightly superannuable salary ¹	Substantive position
<input type="text"/>	\$ <input type="text"/>	<input type="text"/>

¹ Including superannuable allowances

Part B Employer details

Department		
<input type="text"/>		
Rehabilitation and return to work coordinator		
<input type="text"/>		
Phone number	Fax number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor		
<input type="text"/>		
Phone number	Fax number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Part C Program details ➤

Program goal		
<input type="text"/>		
<input type="text"/>		
Return to work position	Location (e.g. Mackay)	
<input type="text"/>	<input type="text"/>	
Medical condition ²		
<input type="text"/>		
Program length	Start date (dd/mm/yyyy)	End date (dd/mm/yyyy)
<input type="text"/> weeks	<input type="text"/>	<input type="text"/>

² As stated by the treating medical practitioner.

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Part C Program details (continued)

Week 1 - Example

Starting (dd/mm/yyyy)

	Mon	Tues	Wed	Thurs	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

Duties

Normal duties with below restrictions.

Restrictions/supports

Employee to work no more than 15 hours per week.
Maximum lift 10kg.

Week 1

Starting (dd/mm/yyyy)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Substantive hours								
Program hours								

Duties

Restrictions/supports

Week 2

Starting (dd/mm/yyyy)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Substantive hours								
Program hours								

Duties

Restrictions/supports

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Part C Program details (continued)

Week 3

Starting (dd/mm/yyyy)

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

Duties

Restrictions/supports

Week 4

Starting (dd/mm/yyyy)

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

Duties

Restrictions/supports

Week 5

Starting (dd/mm/yyyy)

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

Duties

Restrictions/supports

Graduated Return to Work Agreement continued

Part C Program details (continued)

Week 6

Starting (dd/mm/yyyy)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Substantive hours								
Program hours								

Duties

Restrictions/supports

Week 7

Starting (dd/mm/yyyy)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Substantive hours								
Program hours								

Duties

Restrictions/supports

Week 8

Starting (dd/mm/yyyy)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Substantive hours								
Program hours								

Duties

Restrictions/supports

Graduated Return to Work Agreement continued

Part C Program details (continued)

Week 9

Starting (dd/mm/yyyy)

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

Duties

Restrictions/supports

Week 10

Starting (dd/mm/yyyy)

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

Duties

Restrictions/supports

Week 11

Starting (dd/mm/yyyy)

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

Duties

Restrictions/supports

Graduated Return to Work Agreement continued

Part C Program details (continued)

Week 12

Starting (dd/mm/yyyy)

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

Duties

Restrictions/supports

Part D Employee declaration

Surname

Given names

Work phone number

Work email address

- I will contact QSuper immediately if there is a 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 supplied in this form.

Signature

Date (dd/mm/yyyy)

Part E Supervisor's declaration (optional)

- I agree to ensure this plan is implemented in the workplace.

Signature

Date (dd/mm/yyyy)

Graduated Return to Work Agreement continued

Part F Rehabilitation and return to work coordinator (please tick the box which applies)

- I have discussed the conditions of this agreement with the employee.
- I will contact QSuper immediately if there is a change to this agreement.
- I have attached supporting medical evidence.
- or
- I have obtained a signature from the treating medical practitioner in support of this program.

Signature

Date (dd/mm/yyyy)

Part G Treating medical practitioner's details

Surname

Given names

Postal address

State

Postcode

Phone number

Speciality

Comments

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

Signature

The patient will be reviewed on date (dd/mm/yyyy)

Date (dd/mm/yyyy)



When completed, please send this form to QSuper Insurance Management.

Email: qsuper.insuranceclaims@qsuper.qld.gov.au

Fax
07 3239 1139

Post
GPO Box 200
Brisbane Qld 4001

(QSuper use only)

Claims manager

Forwarded payment (dd/mm/yyyy)

Graduated Return to Work Agreement continued

📌 Important notes

Part C Program goal e.g. return the employee to their normal hours within six weeks by gradually increasing their hours worked as directed by their treating medical practitioner.

Please provide the number of substantive hours and program hours the employee will be working for the duration of their agreement (example shown on page 2).

Space has been provided for you to list details of all duties the employee will be undertaking during each week, including any restrictions or supports that are required to enable the employee to complete these duties.

This plan must be received seven days prior to the gradual return to work agreement starting.

Part D An email or photocopy of the *Employee Declaration* is as valid as the original.

Additional information about the form

The information provided in this form will assist in facilitating a successful return to work program. The aim of the program is to return the employee to work gradually until normal hours and duties restart, which will range in length between two and twelve weeks.

QSuper will pay up to 75% of the difference between the employee's substantive hours and their program hours.



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Telephone 1300 360 750 (+61 7 3239 1004 if overseas)
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