

PART 6: YOUR RETURN-TO-WORK TEAM

EMPLOYER				
Title/Role	Name	Phone	Fax	Email
Return-to-Work Coordinator				
Supervisor				
Manager				
Union Representative				

WCB				
Title/Role	Name	Phone	Fax	Email
Workplace Consultant				
Case Manager				
Adjudicator				
Return-to-Work Assistant				
Other				

HEALTH CARE PARTNERS				
Title/Role	Name	Phone	Fax	Email
Physiotherapist (or other health care provider)				
EPS Doctor				