Service Canada

PROTECTED B (when completed)

# Canada Pension Plan Disability Vocational Rehabilitation Program
# RETURN TO WORK FOLLOW UP REPORT

| | |
|---|---|
| Client Name: | Service Provider: |
| Client Identifier: | Consultant: |
| Client Address: | Consultant Telephone: |
| Client Telephone: | Date of Report: (YYYY-MM-DD) |
| Service Canada VR Case Manager: | |

| **Employment Details:** | |
|---|---|
| Employer Name: | Start Date: (YYYY-MM-DD) |
| Employer Address: | Type of Work: |
| Employer Telephone: | Nature of Employment: Choose an item |
| Hours of Work: Insert number of hours Choose an item | Reason for Part-Time Employment (if applicable): Client Choice |
| Rate of Pay: Insert $ amount Choose an item | Date Stopped Work (if applicable): (YYYY-MM-DD) |
| Total Monthly Earnings: | Reason Stopped Work (if applicable): |

| **Comments:** | |
|---|---|
| Has there been any time lost due to illness? (If yes, provide details below) | ◯ Yes ◯ No |
| Is the beneficiary tolerating the demands of the job? (If no, provide details below) | ◯ Yes ◯ No |
| **Details:** (Describe any special arrangements made by the employer to accommodate the beneficiary, barriers identified, service provider supports/services, client's capacity to return-to-work, an evaluation of performance by the supervisor and/or client and any further | |
| Has allowable earnings been reached? (If No, explain) | ◯ Yes ◯ No |

**Enclosures (if applicable):** Choose an item

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada