



LUNDS
UNIVERSITET

There are separate instructions for this document, see related information on the HR website

REHABILITATION PLAN

1. EMPLOYEE

First name and surname	Personal identity number
Email address, work Email address, private	Telephone number Mobile telephone
Title	Employed since (year)
Percentage of full-time employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time %	Form of employment <input type="checkbox"/> Indefinite term <input type="checkbox"/> Fixed term until

2. EMPLOYER

Faculty/equivalent	Department/division/equivalent
Manager	
Telephone number	Email address

3. REASON FOR REHABILITATION PLAN

<input type="checkbox"/> Early signs of ill-health <input type="checkbox"/> On sick leave for more than 15 days <input type="checkbox"/> Employee's request <input type="checkbox"/> Repeated short-term absences Number of instances of sick leave in the past 12 months If applicable, when the period of sick leave began and its duration	
Doctor's certificate issued by	Treating physician
<input type="checkbox"/> <input type="checkbox"/> Occupational Health Service involved in investigation Yes No	Contact person Occupational Health Service

4. REASON FOR IMPAIRED WORK CAPACITY

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If the space in the box is insufficient, use the back of the page

Has the current problem been reported as an occupational injury? Yes No

Is it expected that the employee will return to work shortly at their regular percentage of full-time employment?

<input type="checkbox"/> Yes, continue with point 8 (does not apply if the rehab plan is made due to repeated short-term absences)
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<input type="checkbox"/> No, continue below

5. WORK CONDITIONS

Describe regular duties

Which duties can the employee carry out – full-time or part-time – despite the problems?
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What is the employee's own proposal for work adaptation and/or rehabilitation measures?

In what way can regular duties be changed so that the employee can remain in the job?

Have you previously changed/offered to change the employee's duties?
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<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, what changes were made? Results?
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If the space in the box is insufficient, use the back of the page

6. ACTION PLAN

In what way do you maintain contact with each other during the sick leave? Manager/employee			
What is to be done?	Who is responsible for it being done?	When is it to be done?	Follow-up, when, where, who?
			Done <input type="checkbox"/>
What networks and support are available for the employee?			

7. THE AIM OF THE REHABILITATION

Which goals are to have been achieved in the long and short term? Describe:

8. PREVENTIVE MEASURES

What further measures need to be implemented to prevent possible ill-health for the employee in the future? Activity	
Date of implementation	Person responsible for implementation
Activity	
Date of implementation	Person responsible for implementation

9. OTHER INFORMATION

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10. SIGNATURE

Date	Date
Employer's signature	Employee's signature
Union representative or other participant	The information that is contained in the rehab plan is to be handled with caution. All those involved are to be reminded of the duty of confidentiality!

The action plan can be used in connection with rehabilitation meetings and in follow ups that do not require the rehabilitation plan to be filled in once again.



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ACTION PLAN

Name of employee:

Date the plan was filled in:

What is to be done?	Who is responsible for it being done?	When is it to be done?	Follow-up, when, where, who?
			Done <input type="checkbox"/>

SIGNATURE

Date	Date
Employer's signature	Employee's signature
Union representative or other participant	The information that is contained in the rehab plan is to be handled with caution. All those involved are to be reminded of the duty of confidentiality!