PLAN DEVELOPMENT WORKSHEET				
Employee Name:			Employee I.D.#:	
Shift/Department/Group:			Job Class:	
Supervisor:			Operation:	
Seniority:			Telephone:	
Functional Abilities Restriction(s)		ction(s)	Restriction Expiration	
RTW Committee Comments/Recommendations:				
Operations reviewed and available within employee's seniority:				
Shift	Department	Group	Name of Operation	