

Modified Work Agreement

Worker:	Offer from:
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It is our policy to consider alternate suitable employment for you should you be unable to perform your regular work due to injury. We offer you this modified work placement.

Modified work position: _____

Department / Location: _____

Your duties will be: _____

The date range of this work placement will be from: _____ to _____ The hours of work will be from: _____ to _____

The days of work will be: Mon Tue Wed Thu Fri Sat Sun

During this work placement your supervisor will be: _____ Your rate of pay will be: _____

It is expected you will only perform the duties outlined above. Your supervisor will monitor your progress and meet with you weekly to adjust your duties and/or length of placement as required based on your ability and relevant medical information. If you have any difficulties performing the modified work please notify your supervisor immediately.

<u>Offer ACCEPTED</u>
Worker signature: _____
Date: _____

Date: _____

<u>Offer REJECTED</u>
Reasons: _____ _____
Signed: _____

• Specific job duties and physical requirements

Management signature:	Supervisor signature:
Date:	Date: