

Agreement for Temporary Light Duty Form

Temporary Light Duty (Transitional Duty) is only offered to employees as a result of Worker’s Compensation related restrictions. This Temporary Light Duty may be offered to an employee at their normal working location, or at a location other than their normal working location, dependent upon the restrictions put in place by the Workers’ Compensation doctor. If an employee’s restrictions are not able to be met at their normal working location, Risk Management will work to find a location that can provide meaningful duties that fit within their restrictions at an alternate location. Refusal to accept available temporary light duty may impact an employee’s eligibility to receive some or all benefits payable as a result of a Worker’s Compensation claim.

Employee Name: SAP # Claim #

 Normal Worksite**:**

 Position/Title:

 Direct Supervisor:

Phone Number:

 The temporary duties are:

The Physical limitations provided by the employee’s workers’ compensation doctor are listed below:

The anticipated date of return to unrestricted work for this employee is

Or check here if unknown X .

**To be completed by Supervisor/Director**

The above restrictions placed by the workers’ compensation doctor **can** be accommodated at

the employee’s normal work location.

The temporary duties are: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above restrictions placed by the workers’ compensation doctor **cannot** be accommodated at the employee’s normal work location.\*

**Temporary Worksite** (if different than above):

On-site Supervisor:

Phone Number:

Position/Title:

**\*Temporary worksite Supervisor: Please record the employee’s hours and have the timesheet signed weekly by the employee. This should be sent on Friday of each week by email or fax to the employee’s normal worksite supervisor listed below.**

Supervisor/Director from employee’s normal worksite responsible for overseeing employee overall actions

during temporary duty assignment:

Title/Name:

Phone Number:

**Normal worksite Supervisor: Please see the information on the employee’s weekly hours in the gray box above. Time for employee should be entered weekly upon receipt of the record from the temporary worksite signed by the employee.\***

**To be completed by employee**

I accept employer’s offer for temporary light duty work.

I refuse employer’s offer for temporary light duty work.

**\*\*Note: Refusal to accept available temporary light duty work may impact your eligibility to receive benefits.**

 Employee Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Principal Signature Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temporary Supervisor/Principal Signature Date