

Copies delivered via U.S. Mail & E-mail

Employee Name Address

Date:

Subject: Memorandum – Light/Modified Duty

From: Human Resources

Rate of Pay: /per hour

NOTE: These examples are for illustrative purposes only. They may not satisfy the legal or regulatory requirements in your jurisdiction. *Please consult with your attorney prior to adding these forms to your workers' compensation tool kit.*

	vard to your return to active employment. Per your physician's salable for you. Please report to work on the date, time, and local	
will include	<u> </u>	. You may sit, stand, and
stretch as nee	ded.	•
Start Date: Address:		
Schedule:	(with a one-hour lunch)	

Please sign the attached page to indicate whether you accept or decline the light duty assignment and return this form to me.

Please note, this memorandum will be placed in your personnel file. This offer of light/modified duty in no way constitutes an employment agreement and in no way voids "at will" employment status. As a reminder, you must contact your supervisor prior to arriving late to any shift and, or, prior to any absence. Per company policy unexcused absences may result in disciplinary action, including termination of your employment. Please contact me with questions.

Thank you,

Staffing Company Rep Name

LIGHT/MODIFIED DUTY WORK ASSIGNMENTS

While on a Light/Modified Duty assignment you will be expected to:

- 1. Report to your workstation on time;
- 2. Do the work that is expected of you for the assignment you have received. You may be supervised or tested as to your performance;
- 3. Take breaks and lunch only when assigned to do so (or permitted by your physician); and,
- 4. Return from breaks and lunch on time.

While on a Light/Modified Duty assignment, all Company policies regarding safety and behavior remain in effect. If you do not follow Company policy, as you would under normal working conditions, you may be subject to disciplinary action.

SIGNATURE

I have read this policy, and my Light Duty assignment as noted above. I was given an opportunity to ask questions about anything that was not clear to me. I have been offered this position to accommodate my doctor's light duty/modified work restrictions.

I,		[] Accept [] Decline - the job offer
	Print Name	
Employee Signature		Date