

## **Temporary Alternative Duty (T.A.D.)**

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.

Date:	Certified N	Certified Mail #:		
Associator				
Associate:	<del></del>			
Home Address:City, State, Zip:				
Dear:				
We have received a release				
to work with restrictions from Dr. The release is attached to this Job		sociate Initials		
The release is attached to this job	JHCI. ASS	sociate initials		
Dr. has i	released you to return to work	k		
With the following restrictions:	•			
			Associate Initials	
the restrictions under which the ph return to work. The position being following duties:	offered to you will include to	he		
Be assured we will only assign tas abilities, knowledge, and skills and			Associate Initials	
You will be working atat m. to m. daily, _report to work on	. Your schedule will be fr	ated com ıld		
report to work on	at \$ per hour.		Associate Initials	
We expect the duration of this tem position to last until you are releas				
are modified.	, ,		Associate Initials	

This offer will remain open until seven days after you have received this letter, i.e. when it is provided to you personally or when you have actual or deemed receipt by mail. If you do not contact us by that time, we will consider the T.A.D. offer to be refused.

	Sincerely,	
	[Manager's Signature]	
I <b>ACCEPT</b> the Temporary A	Alternative Duty position being offered to me.	
Associate Signature	Date	
- · · ·	Alternative Duty position being offered to me. Idonment resulting in possible suspension of	
Associate Signature		