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Prairie Rose School Division No. 8 Health and Safety	CODE:
Modified Work Agreement	ISSUED: REVIEW DATE:
	Page 1 of 2 REVISION #:

Prairie Rose
SCHOOL DIVISION NO. 8

- Non-Occupational/Non-Work Related Illness or Injury
- Work Related Illness or Injury

Date: _____

Name: _____

Date of Incident: _____

Claim: _____

Injury: _____

Job Title: _____

Supervisor: _____

Dear: _____

We have received your medical release from _____, dated _____ and we are pleased that you are able to return to work. Your release form states that you may return to work with the following limitations and/or medical restrictions:

-
-
-
-
-

Your department is able to accommodate the above restrictions for the following period:

Work beginning on _____ and ending _____ for a total of _____ working days.

1st extension is from _____ to _____

2nd extension is from _____ to _____

3rd extension is from _____ to _____

4th extension is from _____ to _____

The modification or alternate duties are as follows:

-
-
-
-



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ed to assist you with returning to work. It is with the c period of time, you will have to have medical clearance to return to full duty without restrictions. It is further understood that you agree to the following:

- Work within your medical limitations and follow all medical instructions
- Have medical re-evaluations as needed
- Have periodic job performance reviews
- Have a progressive increase in duties as medical information allows

Transitional employment in no way implies that we are obligated to continue your employment indefinitely under these conditions.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Union Representative Signature: _____ Date: _____

Superintendent/Designate Signature: _____ Date: _____

Safety Coordinator Signature: _____ Date: _____