

**RETURN TO WORK ARRANGEMENTS**

When an employee receives a Return to Work (RTW) notice with restrictions, the work arrangements are as follows:

1. Provide \_\_\_\_\_ with a list of physical limitations (work) prepared by the employee's doctor.
2. Coordinate working hours with \_\_\_\_\_.
3. Report to \_\_\_\_\_, at the start of the shift (work time). Employee is expected to report on-time at the agreed to start time. Employees are expected to work the entire shift or number of hours specified by the doctor.
4. \_\_\_\_\_ assigns all RTW restricted work assignments; the employee shall not accept assignments from other staff members or supervisors. Supervisors and staff will notify \_\_\_\_\_ of RTW restricted duty work assignments that are available.
5. Employee is expected to perform work as assigned, regardless of preference, but within the employee's limitations. If an employee refuses a work assignment, the employee will be sent home without pay.
6. Once an assignment or task is completed, it is the employee's responsibility to notify \_\_\_\_\_ that the assignment/task is completed and they are ready for the next assignment.
7. \_\_\_\_\_ provides the employee's supervisor with the hours worked for payroll purposes.
8. Restricted duty assignments are not limited to Employee's regular department. An employee on restricted duty may be temporarily assigned to other departments.
9. \_\_\_\_\_ will make reasonable accommodations with the employee to assign work that is within the employee's limitations while in *RTW restricted status*.
10. Refusal to accept *RTW Restricted Duty* understands that the workers compensation benefits will stop effective the date of the refusal.

I have read and agree to the terms identified in the *RTW Restricted Duty* Arrangements and will adhere to these guidelines while I am on *RTW Restricted Duty* status. I have been given the opportunity to fully understand what is expected of me while I am on *RTW Restricted Duty* status.

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RTW Coordinator

\_\_\_\_\_  
Division Manager