TEMPORARY LIGHT DUTY ASSIGNMENT

Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Temporary Assignment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above-referenced employee accepts the above-referenced assignment on a temporary return to work basis. The employee understands that the light duty assignment is temporary and will only last until the employee reaches maximum medical improvement or is cleared to return to full duty. The employee understands that he/she has a duty to report any change in condition immediately to his/her supervisor. Specifically, the employee must report within one (1) day any decision by his/her physician that impacts the length or restrictions of the light duty assignment or if the physician determines that the employee has reached maximum medical improvement.

The employee understands that this temporary assignment is not reasonable accommodation and that the temporary assignment in no way affects his/her employment at will status. Accordingly, the employee understands and acknowledges that this temporary assignment does not create an agreement of employment for a specified term.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Employee’s Name) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor/Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HR Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_