

## TRANSITIONAL WORK ASSIGNMENT OFFER & AGREEMENT

## JORDAN SCHOOL DISTRICT

This Transitional Work Assignment Offer & Agreement formally documents the temporary arrangement offered to the employee named below in order to allow the employee to continue working while recovering from an injury or illness. All promises and understandings that appear below were reached after a free and open exchange of information between the employee and his/her supervisor after reviewing information provided by the employee's health care provider(s).

### EMPLOYEE INFORMATION

Employee \_\_\_\_\_ School/Department \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Employee's Title \_\_\_\_\_ Employee Contact Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor Contact Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
Is injury or illness work related? Yes No If yes, date injury or condition commenced \_\_\_\_/\_\_\_\_/\_\_\_\_

### VERIFIED MEDICAL RESTRICTIONS (Please attach medical documentation substantiating the employee's work restrictions.)

Lifting limited to ____ lbs.	Lifting limited above waist ____ lbs.
Repetitive bending/stooping ____ none ____ occasional	Limited walking/standing
Repetitive pushing/pulling ____ none ____ occasional	No overhead work
Kneeling/crouching ____ none ____ occasional	Right / Left arm lifting limit ____ lbs.
Alternate sitting, standing, and walking	Sitting work only
Work limited by splint	No / Minimal repetitive use of right / left hand
No driving machinery or vehicles	Number of hours per day if less than full time _____
Other (please specify) _____	

### TRANSITIONAL WORK ASSIGNMENT (Please select one option and provide details)

#### Reduced-hours Work Assignment

Employee will work \_\_\_\_ hours per day, \_\_\_\_ days per week

#### Modified Work Assignment

The parties understand the employee's modified work assignment details to be as follows:

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#### Alternative Work Assignment

School/Department \_\_\_\_\_ Transitional Assignment Hourly Rate \_\_\_\_\_  
Transitional Assignment Supervisor \_\_\_\_\_ Contact Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_\_  
Work Schedule \_\_\_\_\_

The parties understand the employee's alternative work assignment details to be as follows:

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This Transitional Work Assignment will commence on \_\_\_\_\_ and will be reviewed after each update from the employee's health care provider.

This assignment shall automatically terminate when:

- The employee is released to perform all essential job functions without restrictions

**OR**

- The duration of the Transitional Work Assignment has reached 60 days

### AGREEMENT

**The parties agree that the following conditions will apply during this temporary assignment:**

- Supervisor **WILL NOT** assign employee to perform any work that is beyond the employee's medically documented capabilities, which are outlined above;
- Employee agrees to perform the assigned work duties as requested by his/her Transitional Assignment Supervisor, which are specified above;
- Employee **WILL NOT** perform any task or duty that exceeds his/her medically documented restrictions, which are outlined above;
- Employee will immediately report any assignments or activities that do not follow the medical restrictions to the Leaves/Benefits Secretary;
- Employee will immediately report to his/her supervisor or Leaves/Benefits Secretary if any work duties cause discomfort or make the employee's medical condition worse;
- This Transitional Assignment is a temporary assignment and does NOT represent a permanent change of duties or responsibilities.

*I understand if I do not accept this Transitional Work Assignment, I must remain off work until I have obtained a full work release from my health care provider. I further understand that if I do not accept this Transitional Work Assignment, the days I remain off work will be on unpaid status.*

Assignment Offer Date \_\_\_\_\_ Offer Accepted \_\_\_\_\_ Offer Not Accepted \_\_\_\_\_

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

Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Transitional Assignment Supervisor \_\_\_\_\_ Date \_\_\_\_\_  
Signature (if applicable)

Human Resource Administrator \_\_\_\_\_ Date \_\_\_\_\_  
Signature