

## **RESTRICTED DUTY AGREEMENT**

1. Restricted Duty is administered under the direction of the Department of Human Resources.
2. Injured Employees are to be advised of the following:
  - a. You are assigned to work in the \_\_\_\_\_ (Department).
  - b. Your Manager/Supervisor will be \_\_\_\_\_ (Name of Manager).
  - c. Your hours will be \_\_\_\_\_ (Number of hours).
3. As a Restricted Duty Employee, if you are absent for any reason, you must report off by calling your Manager / Supervisor at \_\_\_\_\_ (Facility / Department where placed).
4. Any request for vacation or personal time off must be cleared by your Manager / Supervisor.
5. As a Restricted Duty Employee, you will be expected to perform the duties assigned, except those restricted by your physician, as well as following directions from your assigned Manager / Supervisor.
6. As a Restricted Duty Employee, you will abide by all facility rules and regulations.

*In order to facilitate my safety in the work place, I agree to the following plan. It is understood that this is considered a temporary assignment that will be re-evaluated at each appointment. At that time, this assignment may be replaced by another assignment with increased activities as my medical condition improves.*

*Restrictions / Instructions:*

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*Activities / Tasks that may be performed:*

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*I understand the above restrictions and agree to abide by them. I understand that my Manager/ Supervisor will be given a copy of this agreement with the original form to be forwarded to the Human Resource Department.*

*My next appointment is \_\_\_\_\_, restrictions will be re-evaluated at that time.*

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date