

# COLR- Modified Duty Form

IN YOUR E-MAIL REPLY, PLEASE INDICATE IF THE EMPLOYEE ACCEPTED OR DECLINED.

PLEASE HAVE THE EMPLOYEE SIGN/DATE THIS DOCUMENT AND EMAIL riskmanagement@littlerock.gov or FAX TO 501-371-4496 Attn: Kayla Jo Dixon

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Dept: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Date Injury Reported: \_\_\_\_\_

Medical Facility: \_\_\_\_\_

Date Evaluated: \_\_\_\_\_

Released for Modified Duty: \_\_\_\_\_

Medical Restrictions: \_\_\_\_\_

Date Modified Duty Offered: \_\_\_\_\_

Accepted: \_\_\_\_\_

Declined: \_\_\_\_\_

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

I UNDERSTAND THAT IF I ELECT TO DECLINE AVAILABLE MODIFIED DUTY MY LOST TIME WILL BE CHARGED TO MY AVAILABLE LEAVE. IF I HAVE NO LEAVE AVAILABLE, MY TIME WILL BE CHARGED TO AUTHORIZED LEAVE WITHOUT PAY.