

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 kdixon@littlerock.org 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.