**Modified Work Offer**

**In keeping with our commitment to provide accommodation opportunities that are individualized and employee focused, we are offering the following duties to promote recovery and rehabilitation:**

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| Employee last name      | First name      | Date (yyyy-mm-dd)      |

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| Job position: |
| Temporary Limitations:      |
| Specific duties: |
| Hours of work per day      | Number of days per week      |
| Start date (yyyy-mm-dd)      | Finish date (yyyy-mm-dd)      |
| Manager/Supervisor name      |

**Please remember that you are only to do the duties that are allowed and are within your current limitations.** If you have any questions or concerns with the work you have been assigned, please discuss it with your manager immediately.

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| We will meet with you weekly to review your progress. The first meeting is scheduled for:  | Start Date (yyyy-mm-dd)      |
| Employee signature | Date (yyyy-mm-dd)      |
| Manager/ Supervisor signature | Date (yyyy-mm-dd)      |

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