**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) |

|  |  |
| --- | --- |
| 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.

|  |  |
| --- | --- |
| 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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