

**NORTH EAST ISD TRANSITIONAL DUTY FORM
MODIFIED DUTY RETURN TO WORK PROGRAM**

Employee Name	Job Title	Campus/Department
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Date of Injury	Type of Injury	Work related _____ Not Work related _____
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Return to Work Date: _____ Next Appointment Date: _____ _____ Employee	_____ _____ _____ Supervisor	Restrictions: See attached work status form dated _____
Return to Work Date: _____ Next Appointment Date: _____ _____ Employee	_____ _____ _____ Supervisor	Restrictions: See attached work status form dated _____
Return to Work Date: _____ Next Appointment Date: _____ _____ Employee	_____ _____ _____ Supervisor	Restrictions: See attached work status form dated _____
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