

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

Work Related Injuries fax completed form to 804-7236

Non-Work Related Injuries/Conditions fax completed form to 804-7014

Employee Name	Job Title	Campus/Department
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Date of Injury	Type of Injury	Work related _____ Non-Work related _____
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NEISD MODIFIED DUTY RETURN TO WORK PROGRAM: TEMPORARY ACCOMMODATION OF AN EMPLOYEE'S PHYSICAL WORK RESTRICTIONS.

I acknowledge that I am aware of the above named employee's work restrictions and agree to abide by these restrictions. I understand that the injured employee will provide an updated work status form to his supervisor after each doctor's visit. The supervisor will review the restrictions and determine if an accommodation can be made at the worksite. If an accommodation is approved, the transitional duty form will be updated, signed, and faxed to the Risk Management Department at the number listed above, along with the work status form. If an accommodation is not approved, contact the Risk Management Department for further assistance. Any questions or concerns regarding the work restrictions should be directed to the Risk Management Department (**Work related** to Assistant Director of Workers' Compensation, 407-0317; **Non-work related** to Director of Risk Management & Benefits, 407-0486).

Employee's Signature Date _____
Supervisor's Signature Date _____
Other Personnel Date

Return to Work Date: _____ Next Appointment Date: _____ _____ Employee	Restrictions: See attached work status form dated _____
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Copy to: __Employee __Supervisor __Campus/ Dept Workers' Compensation Coordinator

FOR RISK MANAGEMENT USE ONLY			
Reviewed and approved by:			
_____	_____	_____	_____
Director	Date	Assistant Director	Date

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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 _____
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