



SAMPLE

Temporary Work Agreement for Work Related Injuries

Dear: _____
Employee

Your physician has released you to perform limited duty work while you are recovering from your industrial injury of _____.
Date of Injury

Based on your current work restrictions and/or limitations and the Districts current operational needs, we are offering you the following temporary accommodation:

Temporary Work Assignment: _____
or TWA Title

Modification to Current Position

Start Date Temporary Accommodation Supervisor Site

End Date

Explanation of Assignment (or attach copy)

Work Restrictions/ Limitations (or attach copy)

Employee Signature

District Signature - Name & Title

Date

Date

*Only **permanent** employees are eligible for temporary work accommodations resulting from work related injuries.*

Temporary accommodations will not exceed work restrictions indicated by your physician. Accommodations may last for a maximum of 6 months or until a full duty status is received from your physician. Refusal to accept a temporary work accommodation may result in denial of education code and/or temporary total disability benefits.