

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 District's current operational needs, we are offering you the following temporary accommodation:

- Temporary Work Assignment:** _____
or TWA Title
- Modification to Current Position**

Start Date End Date Temporary Accommodation Supervisor Site

Explanation of Assignment (or attach copy)

Work Restrictions/ Limitations (or attach copy)

Accept Assignment **Decline Assignment** **Employee RTW Pamphlet**

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. You will receive regular wages provided that your accommodation remains full time. Refusal to accept a temporary work accommodation may result in denial of education code and/or temporary total disability benefits.