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D µ Œ š] } v } (• •] P v u v š W (Not to exceed 90 calendar days plus one 90-day extension when appropriate)

The above named employee is being provided a temporary modified-duty assignment compatible with his/her physical limitations.

The employee is responsible for immediately provider his/her supervisor with a copy of work restrictions as they are provided by the treating physician. It is understood that restrictions may change over time.

Both the supervisor and employee agree to comply with the physical limitations prescribed by the treating physician. The supervisor and employee understand that the employee is not to exceed prescribed physical limitations at any time, and that if confronted with a task that requires him/her to exceed the prescribed limitations, he/she will notify the supervisor immediately. Furthermore, it is understood that while working in a modified-duty position, the employee must comply with applicable policies and procedures at all times.

Supervisors vame W

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Employee heck }ne:

I accept this light duty offer, I agree to keep my supervisor advised of any changes in my physical limitations and will promptly advise my supervisor upon release to full duty by my physician.