COMPANY LOGO

**Copies delivered via U.S. Mail & E-mail**

Employee Name

Address

**Date:**

**Subject: Memorandum – Light/Modified Duty**

**From: Human Resources**

We look forward to your return to active employment. Per your physician’s restrictions, we have a light duty job available for you. Please report to work on the date, time, and location below. Your job duties will include \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. You may sit, stand, and stretch as needed.

Start Date:

Address:

Schedule: (with a one-hour lunch)

Rate of Pay: /per hour

Please sign the attached page to indicate whether you accept or decline the light duty assignment and return this form to me.

*Please note, this memorandum will be placed in your personnel file. This offer of light/modified duty in no way constitutes an employment agreement and in no way voids “at will” employment status. As a reminder, you must contact your supervisor prior to arriving late to any shift and, or, prior to any absence. Per company policy unexcused absences may result in disciplinary action, including termination of your employment. Please contact me with questions.*

Thank you,

Staffing Company Rep Name

# LIGHT/MODIFIED DUTY

# WORK ASSIGNMENTS

While on a Light/Modified Duty assignment you will be expected to:

1. Report to your workstation on time;
2. Do the work that is expected of you for the assignment you have received. You may be supervised or tested as to your performance;
3. Take breaks and lunch only when assigned to do so (or permitted by your physician); and,
4. Return from breaks and lunch on time.

While on a Light/Modified Duty assignment, all Company policies regarding safety and behavior remain in effect. If you do not follow Company policy, as you would under normal working conditions, you may be subject to disciplinary action.

# SIGNATURE

I have read this policy, and my Light Duty assignment as noted above. I was given an opportunity to ask questions about anything that was not clear to me. I have been offered this position to accommodate my doctor’s light duty/modified work restrictions.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Accept [ ] Decline - the job offer

 Print Name

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Employee Signature Date