

Return-to-Work Program

Temporary Work Assignment Agreement

Employee:	Department:
Date of Injury:	Employer:

Temporary Work Assignment Position:

Hours to be worked:

Start Date: Latest Agreement Expiration Date:

Department:

Employee is to report to the temporary work assignment indicated above as part of his/her agreed upon participation in the Claremont McKenna College Return-to-Work Program.

Employee Agreement

By signing this form, Employee acknowledges that he/she has agreed to participate in the Return-to-Work Program in accordance with the following terms:

- &. Employee has received and accepted the Offer of Temporary Work Assignment.
- x. Employee is responsible for reporting to work at the agreed upon time and days. If Employee is not able to be at work on any given day, he/she is to call his/her supervisor or the Office of Human Resources at least one hour prior the shift.
- 3. During his/her work hours, Employee will not leave the work site without authorization from a supervisor. Employee will notify supervisor before leaving the work place for his/her meal period.
- **4.** Employee will accurately record all hours worked each day, including any overtime hours. Any overtime hours should be approved in advance.
- 5. Medical appointments are to be scheduled so that they do not interfere with work schedule.
- 6. □e temporary work assignment is not intended to exceed the regular number of hours Employee generally worked per week in his/her regular assignment.
- 7. Employee understands that the job duties and work schedule assigned is temporary and has been determined to be compatible with any work restrictions placed upon the Employee by his/her treating physician.
- **8.** Employee is not to perform any job duties not approved in keeping with the temporary work restrictions provided by the treating physician.



Return-to-Work Program

Temporary Work Assignment Agreement (continued)

- 9. Employee will not be asked to perform any job function that exceeds the treating physician's approved work restrictions or physical capabilities. Should Employee be asked to perform work outside the scope of his/her restrictions, he/she should contact the Office of Human Resources.
- **&M.** Employee is expected to perform the full scope of the duties assigned, within the restrictions provided by his/her treating physician.
- &&. If Employee finds that he/she cannot meet the physical demands or other requirements of the temporary assignment, he/she must immediately notify Workers' Compensation and Disability Administration (WC&D), and his/her direct supervisor. WC&D will contact Employee's treating physician to further review the scope of the temporary assignment and/or Employee's continued participation in the program.
- &x. □e initiation or continuation of a temporary work assignment is at the discretion of Claremont McKenna College based on its good faith understanding of the medical advice provided by Employee's treating physician.
- &3. All organizational policies and procedures continue to apply while Employee is on a temporary work assignment. Please feel free to contact the Office of Human Resources with questions regarding these policies and procedures.

Note: \Box is is **not** an employment contract and does not entitle Employee to employment for any period of time. Employee continues to be employed "at will," which means that his/her employment may be terminated at any time, with or without notice, and with or without cause, at the discretion of CMC or Employee.

Employee Signature	Date	Human Resources	Date
Supervisor/Manager	Date	WC&D Administration	Date