



Return-to-Work Program

Offer of Temporary Work Assignment

Date:

Employee:

Employee:

Employer:

Address:

Date of Injury:

Certified Mail

Dear _____:

We currently have a temporary work assignment available which will enable you to return to work in accordance with the restrictions prescribed by your treating provider. Your treating provider has released you to return to work subject to the following restrictions:

Work Status

May work full time May work _____ hours per day

Temporary total disability, off until _____

No limitations

Specific limitations/modifications (listed below)

No lifting over _____ lbs.

No repetitive bending/stooping

No prolonged standing/sitting

No climbing/working at heights

No driving

No work with Right hand Left hand

Light work with Right hand Left hand

No work with Right arm Left arm

Light work with Right arm Left arm

Avoid working near moving machinery

Avoid exposure to dirt/moisture/chemicals

Sedentary work only _____ hours

No pushing or pulling

Other _____

Your temporary work assignment duties will include the following:



Return-to-Work Program

Offer of Temporary Work Assignment (continued)

Date:

Employee:

Employee:

Employer:

Address:

Date of Injury:

Please contact your Human Resources Office **immediately** to coordinate your return to work.

The temporary work assignment is limited and not intended to exceed the amount of time that your treating provider determines is medically necessary (up to 90 days). Further, CMC may reassess, modify, and/or eliminate the temporary work assignment at its discretion. For instance, CMC may curtail the temporary assignment if it determines that the assignment is not feasible and/or that your work restrictions cannot be reasonably accommodated. The temporary assignment also may be curtailed if your healthcare provider determines that the job duties exceed your restrictions.

We are pleased to be able to provide you an opportunity to return to work subject to the restrictions prescribed by your healthcare provider. As CMC has adapted the position to meet these restrictions, your failure to report for work may result in an interruption or discontinuation of your temporary total disability benefits. While on temporary assignment, you are expected to work all available hours and will not be compensated for lost time through workers' compensation unless the absence has been authorized by your treating provider.

Nothing in this letter modifies the at-will nature of your employment with CMC or creates an entitlement to the temporary position or any other position with CMC.

Please contact Workers' Compensation and Disability Administration with any questions.

WC&D Administrator
Maritza Quintanilla

Extension
77946 or 18847
maritza_quintanilla@cuc.claremont.edu

Sincerely,

Human Resources Office
cc: Workers' Compensation and Disability Administration

Employee Signature

Date

Human Resources

Date

Supervisor/Manager

Date

WC&D Administration

Date