



Return-to-Work Program

Temporary Work Assignment Agreement

Employee:

Department:

Date of Injury:

Employer:

Temporary Work Assignment

Position:

Start Date:

Hours to be worked:

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:

1. Employee has received and accepted the Offer of Temporary Work Assignment.
2. 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. The 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.

