

NSHE | BCN HR Shared Services | Workers’ Compensation Office

# Temporary Modified-Duty Assignment Acknowledgement

**Employee Name**: Click or tap here to enter text.

**Date of Injury**: Click or tap here to enter text.

**Description of Temporary Modified -Duty Position:**

Click or tap here to enter text.

**Physical Restrictions:** Click or tap here to enter text.

**Shift/Location/Rate of Pay/Benefits:** Click or tap here to enter text.

**Start Date**: Click or tap here to enter text.

**Duration of Assignment** (Not to exceed 90 calendar days plus one 90-day extension when appropriate):

Click or tap here to enter text.

## **Agreement:**

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

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

Both the supervisor and employee agree to comply with the physical limitation prescribed by the treating physician. The supervisor and employee understand that the employee is not to exceed prescribed physical limitation at any time, and that if confronted with a task that requires him/her to exceed the prescribed physical limitations, he/she will notify the supervisor immediately.

Furthermore, it is understood that while working in the modified duty position, the employee must comply with applicable policies and procedures at all times.

If any concerns or problems with the temporary assignment are identified, the supervisor and/or employee should contact the BCN Human Resources at (775) 784-6082.

**Supervisor Name: Supervisor Signature:**

Date:

**Employee Name: Employee Signature:**

Date:

Send signed copy to BCN Workers Comp Office (775) 784-4363

Form Modified January 2019