THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER

Employee Health and Well-being
Modified Duty Job Offer

Attention: Manager

Your employee is released to return to work with restrictions.(See attached)
Complete this form and fax back to Employee Health and Well-being (713/745-3352) within 24 hours.
Return original to: Employee Health and Well-being, Unit 631.

Employee Name: _____ **SSN:** _____

Department: _____ **Date of Injury:** _____

Supervisor: _____ **Ext.:** _____

Start Date of Modified Duty: _____ **Return to Full Duty on:** _____

Dear Employee:
We are offering you a modified duty position that accommodates your physical restrictions prescribed by your treating health care provider. Your duties will not be above your level of knowledge and skills, training will be provided if necessary. Your salary will remain the same as before your injury. Follow-up visits with your medical provider are required until you are released to full duty.
You must provide written notification of work status to Employee Health and Well-being after each appointment.
All policy and procedures of the department and institution will be followed.

Modified Duty Work Schedule: (shift/hrs.)_____
Modified Work Duties: List the actual job **duties** the employee will perform. (i.e. dusting, answer telephone, etc..)

1._____ 6._____
2._____ 7._____
3._____ 8._____
4._____ 9._____
5._____ 10._____

Failure to return to work on the above date is considered a rejection of this offer. A rejection of this offer is grounds for separation of employment and will limit the liability of Workers' Compensation Insurance. This is a required legal contract in compliance with the Texas Workers' Compensation Act.
Your signature shows **acceptance** of this offer.

_____ _____
Employee Date Supervisor Date

_____
Employee Health and Well-being Representative Date