

Texas Department of Criminal Justice
Offer of Temporary Alternate/Modified Duty Assignment

EMPLOYEE INFORMATION	
Name:	SSN:
Mailing Address:	Date of Injury:
City, State and Zip Code:	

The Texas Department of Criminal Justice is in receipt of your Authorization to Release Medical Information and Return to Work Status Form indicating you have been released to perform a temporary alternate/modified duty assignment. The Agency is offering you a temporary alternate/modified duty assignment as described on the second page. This assignment will abide by the temporary physical/mental limitations set out on the **attached** Return to Work Status Report (TWCC 73) or health care provider's statement. **(Note: Human Resources Representatives must attach one of these documents.)**

- If you choose to accept the temporary alternate/modified duty assignment: (1) indicate your acceptance on the second page of this form; and (2) within three workdays of receipt of this form, return both pages of this form to the Human Resources Representative.
- If you choose to reject the temporary alternate/modified duty assignment: (1) indicate your rejection on the second page of this form; and (2) within three workdays of receipt of this form, return both pages of this form to the Human Resources Representative.
- Failure to respond to this offer within the specified timeframe shall be considered an official rejection. The State Office of Risk Management may reduce your future workers' compensation benefits. **In addition, if you are not on leave that has been designated as Family Medical Leave and you reject a bona fide offer of temporary alternate/modified duty assignment, the rejection will result in separation from employment.**

If you have any questions regarding the temporary alternate/modified duty assignment, job modifications, accommodations, leave entitlements, benefits, etc., contact your Human Resources Representative.

HUMAN RESOURCES REPRESENTATIVE:	Unit/Department: _____
Printed Name: _____	Telephone No.: () _____
Signature: _____	Date: _____

FOR STATE AGENCY USE ONLY	
Initial verbal offer made <input type="checkbox"/> by phone <input type="checkbox"/> in person on _____ . Verbal offer was <input type="checkbox"/> accepted <input type="checkbox"/> rejected (check one). <small style="margin-left: 300px;">(MM/DD/YYYY)</small>	
Offer sent to employee via Certified Mail on _____ Certified Mail Receipt No.: _____ <small style="margin-left: 100px;">(MM/DD/YYYY)</small>	
If offer rejected, is employee FML eligible? <input type="checkbox"/> No <input type="checkbox"/> Yes FML expiration date: _____	
Temporary alternate/modified duty assignment begins: _____ <small style="margin-left: 350px;">(MM/DD/YYYY)</small>	
Projected expiration date (end of maximum 12 consecutive work week period): _____ <small style="margin-left: 350px;">(MM/DD/YYYY)</small>	
Employee acknowledgement of temporary alternate/modified duty assignment period: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Employee Signature Date (MM/DD/YYYY) </div>	
Temporary alternate/modified duty assignment expired: _____ <small style="margin-left: 350px;">(MM/DD/YYYY)</small>	
Reason assignment expired: <input type="checkbox"/> Employee Returned to Full Duty <input type="checkbox"/> End of Maximum 12 Consecutive Work Week Period <input type="checkbox"/> Other: _____	
Employee acknowledgement of expiration of assignment: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Employee Signature Date (MM/DD/YYYY) </div>	

Temporary Alternate/Modified Duty Assignment Description

EMPLOYEE INFORMATION		
Name:	SSN:	Date of Injury:
A. Location	B. Schedule	
Unit/Department:	Work Schedule:	Card Schedule:
Address:	Work Hours: to	Hours Per Week :
Approximate Miles from Employee's Residence:	Assignment to Begin:	
	Projected Expiration Date:	
C. Wages		
\$	Monthly	Your rate of pay shall be the same as your current pay rate.

D. Duties/Tasks: You will only be assigned tasks consistent with your physical abilities, knowledge, and skills. Training will be provided, if necessary.

E. Maximum Physical Requirements: The following identifies the maximum physical requirements for this assignment.

Maximum Hours per day:	0	2	4	6	8	Other	Maximum Hours per day:	0	2	4	6	8	Other
Heavy lifting, 45 lbs & over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moderate lifting, 15-44 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Light lifting, under 15 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heavy carrying, 45 lbs & over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moderate carrying, 15-44 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Light carrying, under 15 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Straight pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pulling hand over hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Climbing ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Repeated bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Use of firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reaching above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Oper. motor equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Simple grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Oper. motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dual simultaneous grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other (Explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____							_____
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____							_____

- I am voluntarily **accepting** the temporary alternate/modified duty assignment offered through the Return to Work Program as described above *for a maximum period of 12 consecutive work weeks*. I fully understand the effect of accepting this assignment.
- I am **rejecting** the temporary alternate/modified duty assignment offered through the Return to Work Program as described above. I understand the possible consequences of rejecting the assignment, *including the possibility of being separated from employment*.

Employee's Signature

Date (MM/DD/YYYY)

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the agency collects about you; and (2) under Sections 552.021 and 552.023 of the Government Code, to receive and review the collected information. Under Section 559.004 of the Government Code, you are also entitled to request, in accordance with the agency's procedures, that incorrect information that the agency has collected about you be corrected.

Distribution : Original: Unit/Department Employee Medical File
 Copy: Employee's Supervisor
 Copy: Workers' Compensation Program Area, Human Resources Headquarters