



Human Resources & Payroll
4400 University Drive, MS 3C3, Fairfax, Virginia 22030
Phone: 703-993-2600; Fax: 703-993-2601

Transitional Duty Plan

Employee Name: _____ Date: _____

Position Title: _____

Medical Restrictions:

Next Medical Appointment

Transitional Plan

1. Describe the specific tasks, duties that will be assigned
2. Describe percentage of physical, mental, and environmental demands required to perform the task/duty

Plan Start Date: _____ Scheduled End Date: _____

Specific Duties:

Demands:



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Comments/ Special Considerations:

We have discussed and reviewed the plan. The employee understands and will receive a copy of the plan. If the employee has any difficulties during the transitional duty, they will discuss them with their supervisor.

Employee _____ Supervisor: _____

Date: _____ Date: _____