_____
**(YOUR DEPARTMENT NAME HERE)**

# COUNTY OF LOS ANGELES
# WORK HARDENING TRANSITIONAL ASSIGNMENT AGREEMENT (WHTAA)

*(To be used for work-related injury/illness* - EE has not reached P&S or MMI, but temporary work restrictions are established)

Employee Name: _____ Employee Number: _____
Employee Payroll Title: _____
Claim #:_____
Date of Injury: _____ Facility: _____ Department #:_____
Pay Location#: _____

Dr. _____ has released you to return to work with the following temporary work restrictions:

_____

_____

_____

In an effort to assist you in returning to work, we have identified a Work Hardening assignment that is compatible with your limitations (duties listed on page 2). Your placement on this temporary assignment is intended to prevent further injury or aggravation to your present condition. You must agree that you will work within your treating physician's work restrictions. Also, if given any duties outside these restrictions, you will immediately notify your supervisor.

The total length of your Work Hardening assignment may last at least 12 weeks or more, beginning on the date listed below. At or before the end date of your Work Hardening Transitional Assignment Agreement (WHTAA), an Interactive Process Meeting (IPM) will be conducted with you to determine if there is need for further accommodation.

Work Hardening Transitional Assignment: _____ to _____
Start Date End Date

***(If an extension to this agreement is necessary, you may create a new agreement or note the extension date and re-sign this document.***

**NOTE TO EMPLOYEE AND SUPERVISOR:** It is important to note that the Department has the right and responsibility to investigate other accommodation(s) should this accommodation prove ineffective by either the department or the employee.

**NOTE TO SUPERVISOR:** Please review with the injured worker their work restrictions and WHTAA before signing. Complete and return signed **original** to your Department's Return-To-Work Coordinator.

| | | |
|---|---|---|
| Employee Signature | Print Name | Date |
| Supervisor Signature | Print Name | Date |

***(Your Dept. Name Here)***

**COUNTY OF LOS ANGELES**
**WORK HARDENING TRANSITIONAL ASSIGNMENT AGREEMENT**

The duties for the temporary WHTAA referenced on Side 1 of this form are as follows:

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