

Employer's Return-to-Work Policy

Employer's Name: _____ DOB: ____ / ____ / ____

Check the appropriate policy statement(s) and attach additional information as described below:

- Light Duty is available for injured workers (*attach a copy of all Light Duty jobs*)
- Modified Duty is available for injured workers (*attach a copy of your policy regarding modified duty and your willingness to accommodate the injured worker*)
- Transitional Duty is available (*attach a copy of your policy regarding available transitional duty*)
- Because of various reasons you are unable to provide any of the above.

Please provide and additional pertinent information regarding other policies of your company.

We provide reasonable accommodations because the Medical Literature and Workers' Compensation data strongly recommends early, safe return-to-work even though the injured worker is unable to perform at a level of full duty.