



Employee Modified Duty Follow Up Form

Employee Name _____

Week Ending _____

Date of Injury _____

Type of Injury _____

Treating Physician _____

Last Appointment _____

Modified Duty Department _____

Modified Duty Supervisor and Phone # _____

Home Department Supervisor _____

Last contact with regular duty supervisor _____

Present status of modified duty position and tasks performing? _____

List any problems you currently have or request for assistance? _____

Areas you are improving in _____

Additional job tasks you think are within your physical abilities and could be added to your modified duty position. _____

Regular duty tasks you could implement in home department _____

Please list missed time from work due to your WC injury, for which you had to take personal leave:

My supervisor and I have discussed my progress, my modified duty tasks and are working to increase my duties as my restrictions allow.

Signature

Date