

Colorado State University

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 position.	d could be added to your modified duty
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

Return completed form to: Kenda Weigang, Risk Management and Insurance, General Services Building #141 Fort Collins, CO 80523-6002 Phone: (970) 491-4832 Fax: (970) 491-4804