



Colorado State University

Supervisor Modified Duty Follow Up Form

Employee _____

Temporary Department Assigned to: _____ Supervisor & Phone# _____

Position Assigned _____ Hours worked/week _____

Please list job tasks the employee is performing _____

Is the employee reporting to work and performing job tasks satisfactorily? YES _____ NO _____

Describe any job changes made since last report _____

Additional tasks that could be added to modified duty assignment _____

Assistance needed or questions _____

Additional Comments _____

Supervisor's Signature

Date

To be completed by RTW Coordinator:

Date started at RTW Site _____

Date to be reviewed _____

Progress made toward regular duty _____

Contact with physician and regular duty supervisor _____

Comments/Action Taken _____