

RETURN TO WORK AGREEMENT:

Employer: _____

Employee: _____

We agree that the following represents the restrictions under which you are able and have agreed to return to work as of _____.

Those restrictions are:

_____

_____

We will not require you to perform any tasks beyond those restrictions**. If you are asked to perform such a task by any of our employees, please decline**. They may not be aware of your restrictions.

By signing below, you agree and verify that you will not do anything beyond the noted restrictions either here at ***work, beyond the work site, home, or at recreation*** until the doctor has released the restrictions and we have been notified to that effect.

_____ Date: _____

Signature of Employee

_____ Date: _____

Signature of Employer