

Transitional Duty Agreement

NAME: _____

DATE: _____

Employee has been involved in an accident/injury on _____ in the course of his/her employment and is placed on restrictions. Oklahoma City Public Schools has a Transitional Work Agreement in place to help you work throughout your recovery period. This Transitional Work Agreement is subject to review at least once every four weeks.

Your Transitional Work Agreement will consist of the following:

Scheduled Work Hours: _____ Site: _____ Hours per day: _____

Job Tasks: _____

1. When your doctor does not release you to full work duties, you are required to provide to the Director of Risk Management and to your Administrator/Manager a statement from your physician outlining your work restrictions.
2. You will report for restricted duty as directed by your Administrator/Manager.
3. **You will not be paid for your time at the doctor's office, please make every effort to schedule your appointments around your work schedule. Sick leave will be charged for all doctor's appointments and physical therapy appointments.**
4. You must present a work status slip from your doctor to your Administrator/Manager after every doctor's appointment.

Employees are responsible to stay within your restrictions at all times. All Oklahoma City Public Schools policies will apply to employees in a restricted duty position. Please indicate by your signature that you have received a copy of the doctor's restrictions and that you understand and will abide by these restrictions.

If you refuse restricted duty, which Oklahoma City Public Schools makes available to you within your doctor's guidelines Oklahoma City Public Schools will consider your action as job abandonment.

Employee Signature: _____ Date: _____

Administrator/Manager/Supervisor Signature: _____ Date: _____

*Please return completed signed form to Risk Management Unit/Human Resource Department
Attn: Director of Risk Management*