

MEDICAL ACCOMMODATION AGREEMENT - NON-WORK-RELATED TRANSITIONAL RETURN TO WORK AGREEMENT

Employee: _____
Org: _____
Division: **Highways**
Supervisor: _____
Start Date: _____
End Date: _____

Request Date: _____
Job Title: _____
Work Days: **as scheduled**
Work Hours: **as scheduled**
Start Time: **as directed**

The West Virginia Division of Highways Return-to-Work Program enables the employee to remain safely in the workforce while recovering from their illness/injury. The employer has received information from _____ that _____ has physical restrictions which require temporary transitional work assignment.

The West Virginia Division of Highways will provide temporary transitional work assignments in accordance with _____ recommendation/s of : _____

_____. The supervisor has indicated they can assign the employee safe and productive work. The employee will be assigned _____ duties which comply with the documented restriction. However, if the employee is assigned transitional tasks, which they consider to be beyond their physical capabilities, the employee will report their concerns immediately to their supervisor. Employee is considered the best judge of their physical abilities and must take responsibility for staying within the treating physician's recommended restrictions.

The temporary transitional work assignment will be available from _____ until _____ **provided the employee remain safe and productive while performing work assignments. The WVDOH will reassess the availability of safe and productive work assignments on an ongoing basis. An update release from the employee's physician will be expected prior to _____ or sooner if restrictions are lifted or have changed. The WVDOH expects that the employee exhibit steady and significant improvement while working toward FULL DUTY.** The temporary transitional work assignment was discussed with the employee this date _____.

_____ Able to accommodate temporary transitional return-to-work assignment and the employee has **ACCEPTED**.

Supervisor Date

Employee Date

_____ NOT able to accommodate temporary transitional return-to-work assignment at this time.

Supervisor Date

District Manager/Division Director, or Date
designee