

**RW-4A MEDICAL ACCOMMODATION AGREEMENT -WORKERS COMPENSATION  
TRANSITIONAL RETURN TO WORK**

**Employee:** \_\_\_\_\_  
Division: **Highways**  
Job Title: \_\_\_\_\_  
**Start Date:** \_\_\_\_\_

**Claim #:** \_\_\_\_\_  
ORG: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
**End Date:** \_\_\_\_\_

The West Virginia Department of Transportation's Return-to-Work Program enables the employee to remain safely in the workforce while recovering from an injury. Temporary modified duty also assists the employee to assess future ability to safely and productively perform the pre-injury work. Program expectations include documented progress toward full duty.

\_\_\_\_\_ has temporary physical restrictions due to this \_\_\_\_\_ occupational \_\_\_\_\_ injury which requires a transitional work assignment. The \_\_\_\_\_ work release from \_\_\_\_\_ recommends the following restrictions: \_\_\_\_\_

\_\_\_\_\_ states we can assign productive duties, including but not limited to \_\_\_\_\_ consistent with these restrictions. This temporary transitional work assignment will last through \_\_\_\_\_ if \_\_\_\_\_ is able to continue working in a safe and productive manner.

DOT's responsibilities include:

1. Assigning only job duties consistent with the documented restrictions.
2. Ongoing reassessment of availability of safe and productive work assignments.
3. Report any interruption of \_\_\_\_\_ return to work.

\_\_\_\_\_ responsibilities include:

1. Stay within the medically recommended restrictions at and away from work.
2. If feeling unable to perform assigned tasks within the prescribed restrictions, alert the supervisor and seek further medical advice as soon as possible.
3. If feeling the assigned tasks exceed the prescribed restrictions, immediately report that concern to \_\_\_\_\_.
4. Provide an updated work release by no later than \_\_\_\_\_.

This RTW Plan has been shared with and discussed with \_\_\_\_\_ who has accepted this temporary work assignment.

\_\_\_\_\_ Able to accommodate temporary safe and productive work at this time

\_\_\_\_\_  
Supervisor Date Employee Date

\_\_\_\_\_ NOT able to accommodate safe and productive work at this time

\_\_\_\_\_  
Supervisor Date