Rutherford County
Return to Work Agreement

(FOR USE WHEN AN EMPLOYEE IS RELEASED TO WORK WITH RESTRICTIONS.)

- ❑ The employee's restrictions **cannot** be accommodated.
- ❑ The employee's restrictions **can** be accommodated.

If the restrictions can be accommodated, please list the jobs available to be done within the restrictions.

As doctor removes limits, adjust tasks and make note of them here. Please have employee initial changes.

By signing this form, I am acknowledging that my restrictions have been explained to me. I understand that my restrictions apply to work and to my daily routines away from work.

_____ _____
Employee's Name (please print) **Employee's Signature**

By signing this form, I am acknowledging that I have explained the restrictions to the employee.

_____ _____
Supervisor's Name (please print) **Supervisor's Signature**

_____ _____
Date of this agreement **Date employee return to work without restrictions.**

Please fax this form to the Safety Coordinator at 867-4602.
Keep the original, along with a copy of the doctor's notes stating the employee's restrictions, in the employee's file.