

# Transitional Employment Offer

<b>Employee Name</b>	<b>Department</b>
<b>Supervisor</b>	<b>Regular Job Title/Class</b>

<b>Physical Capacities</b>	
<b>Date Restrictions Began</b>	<b>Next Review Date</b>

<b>Plan Specifications</b>	
<b>Start Date</b>	<b>End Date</b>
<b>Describe specific tasks:</b>	
<b>Schedule:</b> (Describe hours/day and days/week)	
<b>Special considerations:</b>	

This Transitional Employment Plan has been reviewed and discussed with me to clarify any questions I may have. I have been provided with a copy of this plan and I understand that it is temporary and my supervisor will retain a copy. Should I experience any difficulties while performing transitional work, I will immediately contact my supervisor.	
<b>Employee Signature</b>	<b>Date</b>

I have reviewed and discussed this Transitional Employment Plan with the employee. In addition, I have provided a copy of the plan to the employee.	
<b>Supervisor Signature</b>	<b>Date</b>
<b>Safety Manager</b>	<b>Date</b>