Modified Duties Offer Letter

Date: _____

To:
[Employee First & Last Name] _____
[Job Position] _____

Re: Offer of Modified Duties

In keeping with Menno Place's commitment to supporting employee recovery and providing individualized accommodation opportunities, we are pleased to offer you a Modified Duties assignment designed to promote your rehabilitation and safe return to work.

Based on the temporary limitations outlined by your treating healthcare provider, we are able to provide suitable work that aligns with your current functional abilities.

Details of the Modified Duties Offer - As outlined on the Gradual Return to Work Plan

Temporary Limitations: _____

Specific Duties: attach a copy of the Modified Duties for the position

Hours of Work per Day: _____ **Start Date:** _____
Days per Week: _____ **End Date:** _____

Your participation in this program requires that you perform **only** the duties that fall within your current limitations. Should you experience any difficulties or concerns regarding your assigned tasks, please notify your manager or supervisor immediately.

Progress Meetings - We will meet with you on a weekly basis to review progress and make adjustments if medically indicated.

Signatures

Employee Signature: _____ Date: _____

Manager/Supervisor Signature: _____ Date: _____

A copy of this letter will be provided to WorkSafeBC as required.