



# Modified Work Agreement

## Employee Acknowledgement

I, \_\_\_\_\_, understand and agree to work within the limits as prescribed by the treating physician listed below.

**Medical provider:** \_\_\_\_\_

The following work activities are approved by the Medial Provider are specifically aimed to ensure that I do no re-injure and/or aggravate my existing work related injury.

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I understand that failure by me to work within these guidelines my result in disciplinary action.

\_\_\_\_\_  
*Employee signature*

\_\_\_\_\_  
*Date*

The supervisors' signature below indicates that he/she has read the above modified work activities and understands that any work tasks they assign to the employee are within these guidelines.

\_\_\_\_\_  
*Supervisor name (print)*                      *Signature*                      *Date*



Follow-up appointments with the medical provider are scheduled for the following dates:

\_\_\_\_\_  
**Provider**    **Date**    **Time**

\_\_\_\_\_  
**Provider**    **Date**    **Time**

\_\_\_\_\_  
**Provider**    **Date**    **Time**