Fort McMurray Public Schools

Original Offer
Amendment # ____

OFFER OF MODIFIED WORK

To be completed prior to work commencing with Employee, Supervisor, and Human Resources.

COMPANY NAME: ____

EMPLOYEE NAME: ____
(print full name)

In keeping with *Administrative Procedure 411: Modified Work Program* to consider alternate suitable employment for any employee unable to perform their regular work due to injury, we are offering the following modified work placement.

The modified work position is ____
(name or description of position and department or location)

The duties you will be required to perform are as follows:

____

____

____
(describe specific job duties and the physical requirements of the position)

The hours of work will be from __________ to __________, ______________________
(hrs) (hrs) (days of week)

The duration of the modified work placement will be from _____________ to _____________
(date) (date)

During the modified work placement your supervisor will be ______________________
(name of supervisor)

Your rate of pay will be the same as your pre-accident job rate.

It is expected you will only perform the duties as outlined above. Your supervisor, ____________________, will monitor your progress and meet with you weekly to adjust your duties and/or length of placement as required based on your ability and relevant or new medical information. If you have any difficulties performing the modified work please notify your supervisor immediately.

Offer Accepted

Offer Rejected ____
(reason)

Employee Signature: ___________________________ Date: ______________________

Supervisor Signature: ___________________________ Position: ____________________

HR Representative: ____________________________ Signature: ___________________

Attach:

Job Description
Fitness for Work Form

Send completed copy to:

Human Resources
Safety Coordinator

WCB Cases Only:

Account Number: 1368166

Employee WCB claim number: ____________________

Submit completed copy to WCB Adjudicator/Case Manager if known or to fax: 780-427-5863 or contact.centre@wcb.ab.ca.