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## OFFER OF MODIFIED DUTIES

Pursuant to our Health, Safety and Environmental Managements System and WCB directive, we offer our injured or ill workers suitable modified work within their medical capabilities or restrictions following a work related injury or illness. Return to modified work is a shared responsibility between yourself and THE COMPANY. Please take the attached Function Abilities Form to the treating practitioner rendering first treatment. This completed form must be returned to your site supervisor on or before your next scheduled shift. The completion of this form will enable us to accommodate your medical capabilities or restrictions appropriately up to and including sedentary. This notification is our written confirmation that you have been formally advised of our ability to offer and accommodate you with suitable modified work effective immediately.

I \_\_\_\_\_ acknowledge that the modified duty  
Worker's name  
program has been fully explained to me and that I understand the scope of the offer and duties outline here within. \_\_\_\_\_

Worker's Signature

I shall be working modified duties for \_\_\_\_\_ days/weeks (circle the applicable period of time) consisting of \_\_\_\_\_ hours a day x \_\_\_\_\_ days/weeks with the following restrictions per my physician's instructions outlined on the functions ability form. If I feel that I am not able to perform any of the duties assigned to me, I shall immediately inform my foreman or supervisor (below) and new duties will be assigned.

### RESTRICTIONS

#### DAILY WORK SCHEDULE (Work Performed):

<b>Monday</b>
<b>Tuesday</b>
<b>Wednesday</b>
<b>Thursday</b>
<b>Friday</b>
<b>Comments</b>

#### SUBMIT FORM TO HSE MANAGER.

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Supervisor's Signature

Worker's Signature

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HSE Manager Signature

Date