SUNBELT CONTROLS

Appendix 33-D
Modified Duty Status Report

ACCO Engineered Systems has a light duty and transitional work program that provides temporary jobs injured employees may safely perform during their recovery periods.

This form should be completed by the restricted employee's Supervisor and the performance Evaluation shared with the employee's physician.
(obtain Diagnosis, Treatment Plan and Prognosis information from the employee's physician)

EMPLOYEE INFORMATION

Evaluation Date: _____ **Date of Injury:** _____

Employee Name: _____ **Supervisor Name:** _____

Diagnosis: _____ **Phone No.:** ( ) –

_____ **Treatment Plan:** _____

_____ _____

_____ _____

Date of Next Appointment: _____ **Prognosis:** _____

MODIFIED DUTY PERFORMANCE

1. **Evaluate Employees Physical Dexterity** _____

2. **Detail Employee Complaints of Discomfort** _____

3. **Evaluate Overall Progress** _____

ADDITIONAL COMMENTS (use this space to address any additional observations and employee concern's)

_____

Supervisor Signature: _____ **Date:** _____

Employee Signature: _____ **Date:** _____

Physician Signature: _____ **Date:** _____