
SECC Corporation

Temporary Modified Work Agreement

Employee Name:

SSN:

Date

Dear

I would like to take this opportunity to convey some important information about the temporary modified position we are offering. If you have any questions about the information that follows, please contact me as soon as possible at (909) 393-5419.

Job Title:

Start Date:

Shift Schedule:

Start Time:

End Time:

Meal Break:

Hourly Compensation:

Report To:

Address/Location:

Supervisor:

Attached are current restrictions dated _____ issued by your treating physician, Dr. _____.

***Each time you are seen by your treating physician and/or your restrictions change you are required to provide your supervisor with a current slip outlining your restrictions. You must comply with all your doctor restrictions while on modified duty and keep all medical appointments.**

Brief summary of your temporary modified duties:

Sincerely,

Tony C. Aranda
Safety / Workers Compensation Coordinator

SECC Corporation

Temporary Modified Work Acknowledgment

We sincerely hope that all of the points as outlined in this agreement are acceptable to you. Please acknowledge your acceptance by signing this Acknowledgement form.

I acknowledge and understand that if I decline to accept the terms of this Temporary Modified Work Agreement that I may be ineligible for workers' compensation lost time benefits, as modified duties are available to me under the work restrictions as determined by my treating physician.

I acknowledge that I have read and understand all points of this letter from Tony C. Aranda and accept the temporary modified position as outlined. I further acknowledge that no promises or representations have been made to me other than those contained in this letter.

Employee Signature

Date

SECC Representative Signature

Date
