



BERNARD ROCKEFORT LTD.

Modified Work Offer

Employee Name: _____

Date (dd/mm/yyyy): _____

Our approach to modified work is designed to enable a return to work for an employee who has suffered an injury in the course of their employment. In keeping with our policy to consider suitable employment for any Employee unable to perform their regular duties, we are offering the following Modified Work:

Temporary Work Restriction / Limitation:

Description of Modified Work:

Duties will Commence : Effective Date: _____ End Date: _____

Hours of Work will be: Start Time _____ End Time: _____

Rate of Pay: You will receive your regular base **hourly rate.** _____

Location: _____

Your Supervisor will be: _____

We will continually review your progress and revise the Modified Work arrangement as necessary. During the course of this Modified Work, it is your responsibility to report any difficulties to your Supervisor / Manager immediately. It is also important to provide ongoing/updated medical information which pertains to your abilities / limitations in order to achieve the best possible outcome for your recovery.

Offer Accepted: _____
Employee's Signature

Offer Not Accepted: _____
Employee's Signature

Reasons for Refusal: _____

Supervisor / Manager Name (Please Print)

Supervisor / Manager Signature