

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Offer of Temporary Alternate or Modified Duty Assignment

EMPLOYEE INFORMATION	
Name:	SSN:
Mailing Address:	Date of Injury or Illness: <small>(MM/DD/YYYY)</small>
City, State, and Zip Code:	

The Texas Department of Criminal Justice is in receipt of your Authorization to Release Medical Information and Return to Work Status Form indicating you have been released to perform a temporary alternate or modified duty assignment. The TDCJ is offering you a temporary alternate or modified duty assignment as described on the second page. This assignment shall abide by the temporary physical or mental limitations set out on the **attached** DWC FORM-73, Texas Workers' Compensation Work Status Report or health care provider's statement. **Human resources representatives shall attach one of these documents.**

- Indicate whether you accept or reject the temporary alternate or modified duty assignment on the second page of this form and return both pages of this form to the human resources representative within three workdays of receipt of this form.
- If you choose to reject the temporary alternate or modified duty assignment: (1) indicate your rejection on the second page of this form; and (2) within three workdays of receipt of this form, return both pages of this form to the human resources representative.
- Failure to respond to this offer within the specified time frame shall be considered an official rejection. The State Office of Risk Management may reduce your future workers' compensation benefits.

If you have any questions regarding the temporary alternate or modified duty assignment, job modifications, accommodations, leave entitlements, benefits, etc., contact your human resources representative.

HUMAN RESOURCES REPRESENTATIVE: _____ **Unit or Department:** _____

Printed Name: _____ **Telephone No.:** (____) _____

Signature: _____ **Date:** _____

FOR STATE AGENCY USE ONLY	
Initial verbal offer made <input type="checkbox"/> by phone <input type="checkbox"/> in person on _____ . Verbal offer was <input type="checkbox"/> accepted <input type="checkbox"/> rejected (check one). <small>(MM/DD/YYYY)</small>	
Offer sent to employee via certified mail on _____ Certified Mail Receipt No.: _____ <small>(MM/DD/YYYY)</small>	
Temporary alternate or modified duty assignment begins: _____ <small>(MM/DD/YYYY)</small>	
Projected expiration date (end of maximum 12 consecutive work week period): _____ <small>(MM/DD/YYYY)</small>	
Employee acknowledgement of temporary alternate or modified duty assignment period: _____ <small>Employee Signature</small> <small>Date (MM/DD/YYYY)</small>	
Temporary alternate or modified duty assignment expired: _____ <small>(MM/DD/YYYY)</small>	
Reason assignment expired: <input type="checkbox"/> End of Maximum 12 Consecutive Work Week Period <input type="checkbox"/> Other: _____	
Employee acknowledgement of expiration of assignment: _____ <small>Employee Signature</small> <small>Date (MM/DD/YYYY)</small>	

Temporary Alternate or Modified Duty Assignment Description

EMPLOYEE INFORMATION		
Name:	SSN:	Date of Injury or Illness: <small>(MM/DD/YYYY)</small>
A. Location	B. Schedule	
Unit or Department:	Work Schedule:	Card Schedule:
Address:	Work Hours: to	Hours Per Week :
	Assignment to Begin:	
Approximate Miles from Employee's Residence:	Projected Expiration Date:	
C. Wages		
\$	Monthly	Your rate of pay shall be the same as your current pay rate.

D. Duties or Tasks: You shall only be assigned tasks consistent with your physical abilities, knowledge, and skills. Training shall be provided, if necessary.

E. Maximum Physical Requirements: The following identifies the maximum physical requirements for this assignment.

Maximum Hours per day:	0	2	4	6	8	Other	Maximum Hours per day:	0	2	4	6	8	Other
Heavy lifting, 45 lbs & over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moderate lifting, 15-44 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Light lifting, under 15 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heavy carrying, 45 lbs & over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moderate carrying, 15-44 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Light carrying, under 15 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Straight pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pulling hand over hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Climbing ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Repeated bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Use of firearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reaching above shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Oper. motor equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Simple grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Oper. motor vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dual simultaneous grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	Other (Explain below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____							
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____							

I am voluntarily **accepting** the temporary alternate or modified duty assignment offered through the Return to Work Program as described above *for a maximum period of 12 consecutive work weeks*. I fully understand the effect of accepting this assignment.

I am **rejecting** the temporary duty assignment offered through the Return to Work Program as described above. I understand that as a result of rejecting the assignment, SORM may reduce my future workers' compensation benefits.

Reason for offer rejection: _____

Employee's Signature

Date (MM/DD/YYYY)

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

Distribution:

- ORIGINAL - Unit or Department Employee Medical File
- COPY - Employee's Supervisor
- COPY - Workers' Compensation Program Area, Human Resources Division
- FAX - State Office of Risk Management