



Rutherford County Return to Work Agreement

(FOR USE WHEN AN EMPLOYEE IS RELEASED TO WORK WITH RESTRICTIONS.)

- The employee's restrictions cannot be accommodated.
- The employee's restrictions can be accommodated.

If the restrictions can be accommodated, please list the jobs available to be done within the restrictions.

As doctor removes limits, adjust tasks and make note of them here. Please have employee initial changes.

By signing this form, I am acknowledging that my restrictions have been explained to me. I understand that my restrictions apply to work and to my daily routines away from work.

Employee's Name (please print)

Employee's Signature

By signing this form, I am acknowledging that I have explained the restrictions to the employee.

Supervisor's Name (please print)

Supervisor's Signature

Date of this agreement

Date employee return to work without restrictions.

Please fax this form to the Safety Coordinator at (615) 713-3441 .
Keep the original, along with a copy of the doctor's notes stating the employee's restrictions, in the employee's file.