



Colorado State University

Supervisor Modified Duty Follow Up Form

Employee _____

Temporary Department Assigned to: _____ Supervisor & PH# _____

Position Assigned _____ Hours worked/week _____

Please list job tasks the employee is performing _____

Is the employee reporting to work and performing job tasks satisfactorily? YES _____ NO _____

Describe any job changes made since last report _____

Additional tasks that could be added to modified duty assignment _____

Assistance needed or questions _____

Additional Comments _____

Supervisor's Signature

Date

RTW Coordinator to complete:

Date started at RTW Site _____

Date to be reviewed _____

Progress made toward regular duty _____

Contact with physician and regular duty supervisor _____

Comments/Action Taken _____



Colorado State University

Employee Modified Duty Follow Up Form

Employee Name _____

Week Ending _____

Date of Injury _____

Type of Injury _____

Treating Physician _____

Last Appointment _____

Modified Duty Department _____

Modified Duty Supervisor _____

Home Department Supervisor _____

Last contact with regular duty supervisor _____

Present status of modified duty position and tasks performing? _____

List any problems you are currently having or request for assistance? _____

Areas you are improving in _____

Additional job tasks you think are within your physical abilities and could be added to your modified duty position. _____

Regular duty tasks you could implement in home department _____

Additional comments _____

My supervisor and I have discussed my progress, my modified duty tasks and are working to increase my duties as my restrictions allow.

Signature

Date