



Office of Risk Management and Insurance
Fort Collins, Colorado 80523-6002
Phone: (970) 491-6745
Fax: (970) 491-4804
www.rmi.prep.colostate.edu

Date:

To:

Dear _____,

CSU is sorry about your recent work related injury and wishes you a speedy recovery. As a result of your injury, you have been placed on temporary work restrictions, and CSU has identified temporary modified duty work for you to perform. This letter is to request that you report for temporary modified duty on_____.

You will work _____ hours a week. Your work shift will be from _____ to _____, Monday through Friday, unless otherwise specified, _____ Your temporary modified duty will be with _____ located at _____ under the supervision of _____ phone number _____.

While performing modified duty, you are expected to adhere to all CSU personnel rules and regulations. You are still an employee of your home department and must keep your supervisor informed of your status following each physician visit and when you will be taking any leave time.

While on temporary modified duty you will be paid your regular hourly wage for the hours you work. If appropriate, your worker's compensation benefits will be adjusted accordingly. If you choose not to accept this temporary assignment, please note that you will lose wage replacement benefits.

In order to be paid, you will need to complete a weekly time sheet. For consideration of injury leave coverage, missed time must be accompanied by medical documentation and submitted to your department and the Workers' Compensation Program, 140 General Services Building- Fax #491-4804 or scanned and emailed to workcomp@colostate.edu on a weekly basis.

Please note, this is not a change to your regular duty assignment but only a temporary set of duties and you will be moved around campus according to your restrictions and temporary tasks available. The main purpose of the modified duty program is to return employees back to their full duty position in a safe and timely manner.

If you have any questions regarding you worker's compensation benefits or modified duty program please call Kenda Weigang, Work Compensation Manager at (970) 491-4832. Please maintain contact with Kenda regarding you medical and return to work progress. Please contact her immediately if you are having any difficulties with your modified duty tasks or if your supervisor doesn't have work for you.

CSU looks forward to your continued employment and wish you a speedy recovery.

Acknowledgement of ModifiedDutyOffer:

Employee Signature: _____ Date: _____

CSU Representative: _____ Date: _____