



SAN JOAQUIN
— COUNTY —

Greatness grows here.

San Joaquin County
Human Resources Division
44 N San Joaquin Street, Ste 330
Stockton, California 95202
Phone: (209) 468-3370 Fax: (209) 953-7330

RETURN TO WORK ACKNOWLEDGEMENT

Employee Name: _____

ID #: _____

Incident/Accident date: _____

Department: _____

Is the employee's modified duty TEMPORARY or PERMANENT? _____

List physical or mental restrictions as noted by physician (attach separate sheet as necessary):

1.	5.
2.	6.
3.	7.
4.	8.

List accommodations being provided. Please use a separate sheet to document conditions, expectations, and requirements for this modified duty assignment.

1.	5.
2.	6.
3.	7.
4.	8.

Comments:

I understand that I am required to follow my physician's physical and/or mental restrictions. I also understand that I am required to work safely and perform my duties in a manner that is consistent with the customer service and performance standards as set forth by San Joaquin County.

Employee Signature

Date: _____

I have communicated to the employee the duration, conditions, requirements, and expectations of this modified duty assignment.

Supervisor Signature:

Date: _____