



Transitional Duty Program Agreement

KU offers a Transitional Duty Program for employees who suffer work-related injuries or illnesses but are able to return to work with temporary physical restrictions. This program offers the employee alternative work that is consistent with these medical limitations, for a period of up to 60 days or until the employee is released to return to regular duty. KU's Department of Human Resources works with the employee and the department supervisor to facilitate a successful Transitional Duty assignment.

The department supervisor agrees to:

- Review the physician's restrictions with the employee prior to or upon his/her return to work. Discussions may include Human Resources, the employee and the department supervisor.
- Provide work safely within the work restrictions defined by the authorized treating physician.
- Facilitate and monitor the task(s) being performed to ensure safe conditions and satisfactory performance, immediately notifying HR of issues with either requirement. Ensure that the employee provides medical updates and documentation within 48 hours of receipt, as failure to provide may affect workers' compensation benefits.

The employee agrees to:

- Abide by the restrictions given by the authorized treating physician, understanding that exceeding these restrictions is a violation of this agreement.
- Perform assigned tasks pursuant to supervisor's objectives/expectations listed below or in Form A.
- Provide the supervisor and HR with medical updates and supporting documentation within 48 hours of receipt, especially documentation of a change in medical condition, as failure to provide can affect workers' compensation benefits.
- Communicate to the supervisor any concern for work assignments that may cause further injury or may exceed the physician's restrictions.

Restrictions (*note: Protected Health Info., requires minimum necessary disclosure*): _____

Transitional Duty Tasks and Objectives/Expectations: _____

Length of Time/Dates/Duration: _____

Employee Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

HR Signature: _____ **Date:** _____