

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD  
FOUNDATION  
NOTICE OF TEMPORARY MODIFIED DUTY**

*Employee Name: xxxxxxxxxxxx*

It is the policy of California State University, Bakersfield, Foundation, to return an employee who has incurred an illness or injury to full or partial employment as soon as **his/her** medical condition will permit. Based upon correspondence from your physician, you have been released to modified work. This modified work will be temporary and is intended to provide a therapeutic period of time for which to recuperate.

Accordingly, this is to formally notify you that the Foundation can temporarily accommodate these work restrictions and offer you temporary modified work in **xxxxxxxxxxxx**. You will report to the department on **xxxxxxxx**. The following specific job duties have been determined based upon the restrictions imposed by your physician:

1. < **Provide Specific Job Duties**>
2. “ “ “ “
3. “ “ “ “
4. “ “ “ “
5. “ “ “ “

Additional duties that are consistent with your work restrictions may be assigned by mutual agreement between you and your supervisor, **xxxxxxxx**. Job tasks and assignments that you feel may jeopardize your condition or pose a risk of re-injury should be identified and brought to the attention of your supervisor.

Your work schedule shall be (*discuss with your employee and provide modified work schedule time/day specifics*). This modified work assignment shall remain in effect until you are re-evaluated by your physician. It is your responsibility to notify and update your supervisor of the dates and times when you will be absent to attend any physician appointments and/or therapy sessions. It is also your responsibility to notify your supervisor of any changes in your work status and/or work restrictions. Based upon subsequent physician evaluations, modified work shall be continued, changed to accommodate any additional work restrictions, or discontinued at which time you shall be released to your normal work schedule and/or duties.

To acknowledge receipt of this temporary modified duty assignment, please sign and date on the appropriate lines. If you have any questions concerning this offer please contact Thomas Alvarez, Manager – Human Resources Programs, at 654-3203.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: Kellie Garcia, Director, Human Resources  
Thomas Alvarez, Manager, Human Resources Programs  
Employee Supervisor  
Employee