



INSURANCE GROUP 25 New Chardon St • Boston, MA 02114-4721 • Phone: (617) 488-6500 • Fax: (617) 488-6502

TRANSITIONAL MODIFIED DUTY AGREEMENT

_____ is pleased to offer you a transitional modified duty assignment on a (company) short term and progressive basis.

The following is a list of the tasks assigned to you during this period:

Effective Date: _____ Reassessment Date: _____

A medical update should be provided on or before (Reassessment Date) _____ and thereafter.

It is your responsibility to advise _____ if you have any questions or problems during this assignment.

Failure to comply with all recommended medical treatment could jeopardize the continuation of modified duty.

Manager: _____ Date: _____.

Employee: _____ Date: _____.