ATLANTIC CHARTER
INSURANCE COMPANY

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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:

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_____

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: _____.