

**Idaho State University**

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**Return-to-Work Temporary Restricted or Light Duty Assignment**

Employee's Name:

**Duties Assigned or Limited**

Describe duties and restrictions:

**Physicians or Other Healthcare Professional's Portion** (please sign applicable line)

- This temporary restricted or light duty assignment appears to be compatible with the employee's capabilities and the defined work restrictions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- This temporary restricted or light duty assignment, *as amended by me*, appears to be compatible with the employee's capabilities and the defined work restrictions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Employee's Portion**

I have read and understood this temporary restricted or light duty assignment. I agree to work within the restrictions listed. If I have any questions or believe I am being asked to work beyond my capabilities, I will notify my supervisor immediately.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date