

**SOMERSET SCHOOL DISTRICT  
TEMPORARY TRANSITIONAL WORK AGREEMENT**

The parties to this agreement are the supervisor, \_\_\_\_\_, and the employee, \_\_\_\_\_.

WHEREAS, \_\_\_\_\_ has suffered a work-related injury and is limited pursuant to the attached restrictions in his/her ability to fully perform his/her job-related responsibilities; and

WHEREAS, in accordance with Policy RTW (ie, 8442), the supervisor is offering a temporary, transitional work assignment to the employee during the healing period;

NOW HEREBY, the parties agree as follows:

1. The temporary, transitional work assignment will begin on \_\_\_\_\_ at \_\_\_\_\_.  
*(Date/Time)* *(Location)*

General duties will include:

---

---

---

2. The employee and supervisor will adhere to the attached restrictions at all times on and off the job.
3. If the employee is asked to perform tasks outside of the attached restrictions, he/she will decline these tasks and immediately notify his/her supervisor.
4. If the employee is having difficulty performing assigned tasks, he/she will notify his/her supervisor immediately. If the supervisor is not available, employee will contact the business office.
5. The District reserves the right at any time to terminate this temporary transitional work agreement.
6. Upon request, the employee will immediately provide the District with follow-up Return to Work forms.

**EMPLOYEE SIGNATURE AND DATE:** \_\_\_\_\_

**SUPERVISOR SIGNATURE AND DATE:** \_\_\_\_\_

**ADDITIONAL COMMENTS:**