STRIKE	CLAIMS MANAGEMENT MODIFIED WORK OFFER	CF-S-20

Worker: _____ **Date:** _____
Name (print)

In keeping with our policy to provide suitable employment to any worker unable to perform their regular duties as a result of an injury suffered while employed by Strike, Strike offers the following modified work placement.

The modified position is _____. The duties that you will be required to perform are as follows:

Specific Job Duties: _____

_____

_____

_____

Physical Requirements: _____

_____

The hours of work will be from: Start Time: _____ To End Time _____

The days of work will be from: Day/Shift: _____ To Day/Shift _____

Your rate of pay will be: _____ per hour

The length of this restricted work placement will be from: _____ To _____ ***
yy/mm/dd yy/mm/dd

****We will continually review your progress and adjust the length of this placement as required, based on relevant medical information.*

During this modified work placement, you will report to: _____ _____

If you have any concerns or difficulties, please notify your supervisor immediately.

☐ Restricted Work Offer Accepted ☐ Restricted Work Offer Refused

NOTE: *The WCB may refuse benefits to worker's who refuse a suitable modified work offer.*

Reason(s) for refusing modified work:

_____

_____

_____

Worker: _____ _____
Signature Date

Manager/Supervisor: _____ _____
Signature Date