



HUMAN RESOURCES AND RISK MANAGEMENT OFFICE

411 Main Street – 1<sup>st</sup> Floor

Chico, CA 95927

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Fax (530) 895-4733

### CITY OF CHICO TEMPORARY MODIFIED/LIGHT DUTY AGREEMENT

<b>Employee Name:</b>	
<b>Classification/ Job Title:</b>	
<b>Location:</b>	<b>Type of Injury:</b> <input type="checkbox"/> Industrial <input type="checkbox"/> Non-Industrial
<b>Date of Injury/ Onset of Illness:</b>	<b>Time sheet code:</b>
<b>Date Assigned to Temporary Light Duty by Health Care Provider:</b>	
<b>Assignment Start Date:</b>	<b>Assignment End Date:</b>
<b>Duration:</b>	<b>Date(s) of Interactive Process Meeting:</b>
<b>Description of Work Restrictions per Health Care Provider (List specifically what is stated in medical note):</b>	
<b>Assignment Type Offered:</b> <input type="checkbox"/> Light Duty <input type="checkbox"/> Modified <input type="checkbox"/> Alternative <input type="checkbox"/> Reduced <input type="checkbox"/> Off Work	
<b>Description of Accommodation(s) Offered:</b>	
<b>Work Schedule:</b> <input type="checkbox"/> Unchanged <input type="checkbox"/> Changed	<b>Work Hours per Day</b> from _____ am/pm to _____ am/pm
<b>Assigned Supervisor's Name, if different:</b>	
<b>Assignment Not Available. Reason/Discussion Points:</b>	

You are required to follow the work restrictions set by your healthcare provider. If you're assigned tasks that exceed these restrictions, do not perform them and notify your supervisor and Human Resources & Risk Management (HR/RM) immediately. Report any duties that cause discomfort or worsen your condition. The City has offered you a Temporary Modified/Light Duty (TMLD) assignment to support your recovery and maintain your income. This assignment is temporary and does not guarantee a permanent modified position. It is typically limited to 90 days and may be extended in 45-day increments if you show continued medical improvement, supported by updated documentation. You are responsible for submitting a City of Chico Physician's Letter to HR/RM after each medical visit, before the approval period ends. Failure to submit on time may result in the termination of your assignment. If your restrictions become permanent and prevent you from performing essential duties, the assignment will end immediately. Until you are fully released to regular duty, you must follow your physician's orders and keep HR/RM, and your department informed of any changes to your condition. While on modified duty, you are expected to meet all performance, attendance, and policy requirements outlined in City policy, your MOU/PBR, and the Chico Municipal Code. Your signature below confirms that you understand and agree to the terms of this assignment. For questions, contact HR/RM at (530) 879-7900 or speak with your supervisor.

I will accept the Temporary Work Assignment:  Yes  No\*  OffWork \* Please note refusal of this assignment may affect your workers' compensation benefits, including Temporary Disability Benefit payments.

<b>Employee Signature:</b>	_____	<b>Date:</b>	_____
<b>Supervisor Signature:</b>	_____	<b>Date:</b>	_____
<b>Department Director Signature:</b>	_____	<b>Date:</b>	_____
<b>HR/RM Signature:</b>	_____	<b>Date:</b>	_____

(HR Deputy Director's signature is **required** if accommodation **duration exceeds 90 days.**)