**Tri-Energy Services Ltd.**
**Canadian Safety Services Ltd.**
105 Kuusamo Dr. Red Deer County, Alberta T4E 2J5
www.tri-energy.ca 403-887-5400

# MODIFIED WORK AGREEMENT FORM



Please be advised that _____ of _____ sustained an
*Employee Name* *Company/Division*

☐ Occupational injury ☐ non-occupational injury and has been placed on modified duties as of _____
*DATE (MM/DD/YY)*

The hours of work will:

☐ Remain the Same Start Time: _____ End Time: _____ or

☐ Change Start Time: _____ End Time: _____ Shift Cycle: _____ Shift Start Date: _____

**Your rate of pay will remain at the pre-incident rate.** In keeping with our standard to consider suitable employment for employees with temporary medical restrictions, we are offering the following modified duties consistent with the work restrictions:

**Work Restrictions:** _____

**Modified Work Duties within 80% of regular work duties:** _____

_____

**Modified Duties not within 80% or more of regular work duties:** _____

_____

**Your next scheduled review of these duties is:** _____
*DATE (MM/DD/YY)*

**During this modified work placement you will be supervised by:** _____
*Leader's Name*

If you have any concerns or difficulties, please notify the leader immediately. ☐ Offer Accepted ☐ Offer Declined

**Reasons for declining offer:** _____

_____

**ATTENTION:** Please be advised that refusal to accept modified duties may affect your ability to receive benefits.

**Modified Work Sign Off:**

Worker Name: _____ Signature: _____ Date: _____

Leader Name: _____ Signature: _____ Date:_____

HSE Leader Name: _____Signature: _____ Date: _____