

**Modified Duty Agreement/Transitional Work Agreement**  
SMU Office of Risk Management  
214.768.2807 · fax: 214.768.4138



I have been advised by my doctor that my physical activities at work are to be restricted on a temporary basis on my return to work for Southern Methodist University. I understand that these physical limitations are as follows:

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My modified duties will be as follows:

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By co-signing this agreement with me, my Manager/Supervisor acknowledges the above temporary restrictions and is able to temporarily modify my usual job or provide temporary alternative work for me as long as I continue with medical treatment. My salary will remain the same and modified duty will temporarily continue until my restrictions are lifted. When my doctor assesses maximum medical improvement (as defined in Texas Workers' Compensation Law) any permanent restrictions imposed by my doctor will be used to evaluate my ability to meet the essential functions of my regular job.

I understand that it is my personal responsibility to follow my doctor's restrictions at all times, on the job and off. Therefore, if I am asked to perform a task at work which is outside the restrictions outlined above, I must notify my Manager/Supervisor immediately.

This agreement is in effect until \_\_\_\_\_ (date), per TWCC-73 form. If I have a follow up appointment, after my appointment I will return to the Office of Risk Management with an updated list of restrictions or a full medical release.

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Employee Signature

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Date

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Manager/Supervisor Signature

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Date

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Risk Management Representative Signature

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Date