

Montana Conservation Corps Return to Work Agreement

Name of Worker:	Regio	n: Agı	eement Start Date:	End Date:
Temporary Assignment Cause:	ted 🗌 No	n Work-Relate	d Preventative	
Workers Compensation Claim: Yes No Physicians Medical Release: Yes No				
Action: Restricted Work Activity (different type of work) Light/Modified Duty (routine functions but with restrictions)				
Worker Limitations:				
Worker Abilities:				
Temporary Assignment Objectives:				
Specific Duties and/or Modifications:				
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 In entering the Return to Work Agreement the worker agrees to the following: Assuming the responsibilities of any Restricted Work Activity assignments; Accepting the timeframe designated by staff and medical providers; Adhering to medical directives during both work hours and off hours; Expediently responding to requests from staff, medical providers, and insurance providers regarding medical follow-up and documentation. 				
Worker Signature	Pate	Superviso	-	Date
Follow-Up Date: Staff Member: Worker: Received clearance from physic	·		ork-related) returned	I to full duty
Recovered and returned to full duty (preventative)Sought medical attention and received a new temporary assignment & RTW Contract				
Left the program/organization due to medical limitationOther:				
Work-Related Injuries, Only: Total Days on Restricted Work Activity (calendar days	s between day	after injury & re	turn/exit):	
Total Missed Days (calendar days missed between in				