



MODIFIED DUTY FORM

MODIFIED DUTY INFORMATION

Date: _____

Certified Mail#: _____

Employee: _____

Home Address: _____

City, State, Zip: _____

Dear: _____

We have received a release for you to return to work with restrictions from Dr. _____ dated _____. This release is attached to this Modified Duty Form.

Employee Initials

Dr. _____ has released you to return to work with the following restrictions:

Employee Initials

Your Modified Duty position we have for you includes the following responsibilities (We will only assign you tasks consistent with your restrictions):

Employee Initials

Your location:

Your hours:

Your pay:

Duration of Modified Duties:

Employee Initials

UCP Corporate Office:

387 West Tabernacle Street St. George, UT

(435) 429-2699 (Office)

scott@psucp.com

THANK YOU

If you fail to show up for your modified duty it will result in an automatic refusal of modified duty.



MODIFIED DUTY FORM

MODIFIED OFFER

This offer will remain open until 24 hours after you have received this letter, i.e. when it is provided to you personally or when you have actual or deemed receipt by mail. If you do not contact us by that time, we will consider the Modified Duty offer to be refused.

Sincerely,

[Manager's Signature]

I **ACCEPT** modified duty offer position being offered to me.

Associate Signature Date

I **REFUSE** modified duty offer position being offered to me.

Associate Signature Date

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