

Modified Work Program Offer ;

Date: _____ Time: _____

Employee: _____

In keeping with CPP's policy to provide suitable employment to any employee unable to perform their duties, CDN Power Pac is offering the following modified work placement:

The modified position is _____. The duties that you will be required to perform are as follows;

Specific Job Duties: _____

Physical Requirements: _____

Your work schedule will be as follows;

<i>Start Time</i>	<i>End Time</i>	<i>Day/Shift Start</i>	<i>Day/Shift End</i>

Your rate of pay will be _____

The length of this modified work placement will be from: _____ to _____
D/M/Y D/M/Y

CPP will continually review your progress and adjust the length of this placement as required based on the recommendations by your WCB Case Manager and OIS Medical Advisor.

During this modified work placement, you will be supervised by: _____

If you have any concerns or issues, please notify your supervisor immediately.

Offer Accepted: _____ Date: _____

Offer Rejected: _____ Date: _____

Health and Safety Representative: _____ Date: _____