



Appendix 33-D
Modified Duty Status Report

Sunbelt Controls has a light duty and transitional work program that provides temporary jobs injured employees may safely perform during their recovery periods.

This form should be completed by the restricted employee's Supervisor and the performance
Evaluation shared with the employee's physician.

(obtain Diagnosis, Treatment Plan and Prognosis information from the employee's physician)

EMPLOYEE INFORMATION

Evaluation Date: _____ **Date of Injury:** _____
Employee Name: _____ **Supervisor Name:** _____
Diagnosis: _____ **Phone No.:** () -
_____ **Treatment Plan:** _____

Date of Next Appointment: _____ **Prognosis:** _____

MODIFIED DUTY PERFORMANCE

1. Evaluate Employees Physical Dexterity _____

2. Detail Employee Complaints of Discomfort _____

3. Evaluate Overall Progress

ADDITIONAL COMMENTS (use this space to address any additional observations and employee concern's)

Supervisor Signature: _____ **Date:** _____
Employee Signature: _____ **Date:** _____
Physician Signature: _____ **Date:** _____