The Transitional Work Program (TWP) is designed to provide you with a transitional work plan, herein known as “Plan”, while you complete your recovery, toward the goal of returning to your original job duties within 90 days. All parties agree that during your participation in the TWP, you will not be required to perform any tasks or duties that are not compatible with the temporary limitations your health care provider has specified.

Your health care provider has indicated you can work  hours per week with the following limitations:



Your TWP will begin on and has a maximum duration of 90 days.

Your Plan will be monitored every two (2) weeks, or on an as needed basis, to determine your progress and the need for continuance or modification. The Plan may continue as long as there is medical documentation of need and a demonstrated ability to progress toward the return to regular job duties by the end of the 90 days.

For hours worked, you will be paid your normal rate of pay while participating in the TWP. Any appointments should be scheduled during non-working hours, or you must use available leave balances, as appropriate. There will be no overtime hours during the TWP.

You are expected to follow all established OOD policies and procedures.

Your signature on this form indicates you understand the requirements for participation in the OOD TWP and that you will abide by the medical limitations specified by your health care provider.

Employee Signature \* Date

Supervisor Signature \* Date

Manager Signature \* Date

*\* As long as the form is sent via email, the signature can be typed in.*

Original Agreement Start Date Revised Agreement Start Date

*Note: Upon completion, email this form to* [*ood.hrbenefits@ood.ohio.gov*](mailto:ood.hrbenefits@ood.ohio.gov)