

# Transitional RTW Duty Form:

**WHAT IS IT:** The document used to alert everyone involved in the injured worker's care that the school has transitional/modified duty work.

**IMPORTANCE:** Faxed to the medical provider along with the Physical Capacities Form. Can be used anytime during the life of the claim.

**HOW FORM IS USED:** The completed form is used to assist the school and the CM Regent Ins. Co., WC Department to work together for a timely return to work for the employee

**TRANSITIONAL DUTY RTW FORM**

School District Name: \_\_\_\_\_  
School District Address: \_\_\_\_\_  
School District Contact: \_\_\_\_\_  
School District Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Employer: Provide this form to the attending Physician  
\*\*\*\*\*REMINDER TO MEDICAL PROVIDER\*\*\*\*\*  
EMPLOYEES ARE OUR MOST VALUABLE ASSET!  
**WE OFFER MODIFIED DUTY!**

It is the policy of \_\_\_\_\_ to aid an employee's rehabilitation by providing opportunities for return to work at the earliest time possible. We will work to accommodate an employee's restrictions and provide them with work within those restrictions while they are in effect.

We will not ask an employee to do any work outside of their medically prescribed restrictions and expect them not to attempt any work that exceeds those restrictions.

If you have any questions regarding our modified duty program, please contact us.

Thank you!

\_\_\_\_\_

**(To be completed by the Physician)**

\_\_\_\_\_ Yes, employee may return to work on regular duty (no restrictions).  
\_\_\_\_\_ Yes, employee may return to work on modified duty (see restrictions).  
\_\_\_\_\_ No, employee may NOT return to work (see restrictions).

Physician's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

*Please fax signed form to fax number above, as well as to the Workers' Compensation carrier below:*

P.O. Box 813, New Cumberland, PA 17070-0813  
(866) 402-6600 Fax: (866) 402-6601 www.cmregent.com



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