



**TEMPORARY RESTRICTED DUTY AGREEMENT**

I, \_\_\_\_\_ (print name), am employed with the City of Stephenville with the following jobtitle:

I have read and understand the City's Temporary Restricted Duty Policy and agree to abide by its requirements. I am aware of the work restrictions given by my treating physician and agree to abide by those restrictions. I understand that restricted duty may not exceed 90 working days in one year.

I understand and agree that this restricted duty assignment is temporary and my eligibility will be re-evaluated in 30 days. I understand that restricted duty assignments are not intended to create regular full or part time positions and my restricted duty assignment may be eliminated at the City's sole discretion. Should I fail to adhere to the City's policy or my physician's work restriction, I am aware that I may be subject to disciplinary action, up to and including termination. I understand that this Restricted Duty Agreement is not an employment contract, does not alter my at-will employment status, and that the City or I may terminate my employment at any time, for any reason, or no reason at all.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

---

---

**HUMAN RESOURCES ACTION**

Temporary Restricted Duty Assignment commencement date: \_\_\_\_\_

Department assigned: \_\_\_\_\_

Temporary Restricted Duty Assignment extension date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

HR Representative: \_\_\_\_\_

Date: \_\_\_\_\_