



TEMPORARY RESTRICTED DUTY AGREEMENT

I, _____ (printed name), am employed with the City of Stephenville with the following job title: _____.

I have read and understand the City’s Temporary Restricted Duty Policy 6.06 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 a calendar or fiscal year (October 1-September 30).

I understand and agree that this restricted duty assigned 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-time 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 subjected to disciplinary action, up to and including termination. I understand that this *Temporary 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 DEPARTMENT ACTION

Temporary Restricted Duty Assignment Commencement Date: _____

Department Assigned: _____

Temporary Restricted Duty Assignment Extension Date: _____

Additional Comments: _____

Human Resources Department

Date