



Risk Management Division  
**Return to Work / Transitional Duty Form**

On (date) \_\_\_\_\_, I (injured worker) \_\_\_\_\_ met with

(ACPS Representative) \_\_\_\_\_ and (ACPS Representative) \_\_\_\_\_  
to discuss returning to work with Alachua County Public Schools, as I have been released to return to work with temporary work restrictions outlined by my authorized treating physician, as it pertains to my workers compensation injury.

It has been determined Alachua County Public Schools can accommodate the temporary work restrictions assigned by the authorized treating physician and are offering the position of \_\_\_\_\_ as a transitional duty position.

I, hereby  Accept the transitional duty position,  Reject the transitional duty position

I have read the work restrictions carefully and I agree to strictly follow these work restrictions to assist in my recovery. I have been advised if I have any questions concerning this directive that I am to address them immediately.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ACPS Representative: \_\_\_\_\_ Date: \_\_\_\_\_

ACPS Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Follow-up appointments, rehabilitation or therapy **MUST** be scheduled during non-work hours.