



City of Rochester, New Hampshire

31 Wakefield Street • Rochester, NH 03867
(603) 335-7603 • www.RochesterNH.net

Human Resources | Payroll Administration

Date: 00/00/0000

Dear [Employee Name],

We have received your medical release from your doctor, [Physician Name] dated [Date] Your release form states you may return to work with the following medical work restrictions: Example: **Modifications, until after MRI, such modification includes lift/carry max. of 5 lbs. and occasionally sit, bend, kneel squat, climb, stand, walk, reach, and drive.**

The accommodation began on [Date] and end based upon future doctor visits.

The description of the modified employment is as follows: The City will allow for the temporary accommodation as stated above.

This is a temporary accommodation, **not** a permanent position. It is created to assist you while you are recovering. It is with the understanding that after each future doctor visits you will provide a medical update indicating either a release to perform the essential functions of your position or information describing updated functional limitations, so that a determination can be made regarding continuation of the temporary accommodation.

Employee's Responsibilities:

- Work within the written medical limitations
- Provide medical updates of functional limitations
- If taken off work by your doctor, notify supervisor and Human Resources
- Notify supervisor if unable to report to work for any reason

Supervisor's Responsibilities:

- Ensure that employee is not directed to perform tasks that exceed restrictions recommended by treating physician.
- Inform appropriate people in the department what employee's restrictions are and that the employee cannot exceed them.
- Contact Human Resources immediately in the event of performance, change in restrictions, or attendance problems.

Any extension of this agreement beyond this will be decided on a case-by-case basis and will be dependent upon additional information from your doctor and upon the needs of the department at that time.

It is understood that these are temporary arrangements designed to allow City of Rochester employees to work while recovering from illness or injury, and do not represent a permanent change of duties or responsibilities. It is understood that any problems that may arise during this transitional work period should be discussed openly and supportively. If assistance is desired, please call the Kimberly Conley, Human Resources Director at (603) 335-7503.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Human Resources Director Signature: _____ Date: _____