

TRANSITIONAL EMPLOYMENT REFERRAL

**NAME OF
EMPLOYEE:**

Id #:

TODAY'S DATE:

**DATE OF
INJURY/ILLNESS:**

**EMPLOYEE'S
DEPT:**

**JOB
TITLE:**

**EMPLOYEE'S
STATUS:**

OFF WORK

**RELEASED TO RESTRICTED
DUTY**

**NATURE OF
INJURY / ILLNESS**

Work-related

Not Work-related

Describe Injury:

**WORK
RESTRICTIONS**

RESTRICTION FORM ATTACHED

Describe Restrictions:

**Workers' Comp
Coordinator or
SUPERVISOR
NAME:**

TEL:
