

**CSULB Transitional Employment Plan**

<u>Employee Name</u>	<u>Department</u>
<u>Supervisor</u> _____	<u>Regular Job Title/Classification</u>
<u>Physical Capacities/Restrictions</u>	
<u>Date Restrictions Began</u>	<u>Next Review Date</u>
<b>Plan Specifications</b>	
<u>Start Date</u>	<u>End Date</u>
<u>Describe job and/or specific tasks</u>	
<u>Describe hours/day and days/week, including progression schedule</u>	
<u>Special Considerations</u>	
<p>This Transitional Employment Plan (TEP) has been reviewed and discussed with me to clarify any questions that I may have regarding the TEP schedule, my responsibilities, and the CSU's responsibilities. I understand that both my supervisor and I will retain a copy of this Plan for our reference. If I should experience any difficulties while performing transitional work, as outlined in this Plan, I will immediately notify my supervisor.</p>	
Employee Signature	Date

Attach Copy of Employee's Current Job Description

I have reviewed and discussed this TEP with the employee. In addition, I have provided a copy of the plan to the employee. The original TEP will be maintained in the Office of Safety, Risk Management and Information Security.		
MPP Signature	MPP Name Printed	Date
Risk Manager Signature		Date