

	DECLINE MODIFIED DUTY REQUEST FOR DAYS OFF	Document Number:	TTT-HS-FRM-0076
		Division:	
		Incident Date:	

I, _____, an employee of Titanium Tubing Technology Ltd., who has sustained a work related injury/condition, to which benefits may be payable to me from the Workers' Compensation Board, hereby confirm that:

- I have been offered Modified Duties by Titanium Tubing Technology Ltd.
- I have been medically approved by my Physician to participate in the Modified Work Program
- The Modified Duties have been reviewed and approved by both Titanium Tubing Technology Ltd. and the WCB as fair and reasonable.
- It has been explained to me that my wages paid by Titanium Tubing Technology Ltd., and any benefits payable to me by the WCB in relation to my injury, may be suspended or terminated if I choose to either decline to participate in the Modified Work Program or Request Days Off.

DECLINING MODIFIED WORK		
After having all of the foregoing explained to me, and my understanding of the same, I have chosen to decline the offer of Modified Duties.		
_____ Injured Employee Name (Print)	_____ Injured Employee Signature	_____ Date
_____ Witness Name (Print)	_____ Witness Signature	_____ Date
The reason(s) for declining the offer of Modified Duties is/are: _____ _____ _____		

DAYS OFF REQUEST		
I am planning to take time off for		
Holidays	From: _____	To: _____
Days off	From: _____	To: _____
Schedule Days Off	From: _____	To: _____
During my time from work, I can be reached at the following telephone contact #'s 1.) _____ 2.) _____		
_____ Injured Employee Name (Print)	_____ Injured Employee Signature	_____ Date
_____ Witness Name (Print)	_____ Witness Signature	_____ Date