

	MODIFIED WORK OFFER	Document Number:	TTT-HS-FRM-0074
		Division:	QHSE
		Incident Date:	

TITANIUM TUBING TECHNOLOGY LTD. has a Transitional Modified Work Program in place to help its injured or sick employees to gradually return to normal duties. Our Transitional Modified Work Program is closely monitored by Colin Waterman (Health & Safety Manager), who in conjunction with a physician will find the most suitable rehabilitation tasks for the injured or sick worker for a LIMITED period of time.

I, _____ agree to accept modified duties offer with TITANIUM TUBING TECHNOLOGY LTD. as a result of an injury/illness sustained.

On (Date) _____ I understand that my rate of pay on modified duties will be the same rate I was receiving before my injury/illness.

I understand that I am to apply myself diligently to assigned modified duties and that duties, which may present difficulty relating to my injury/illness, will not be assigned.

I shall attend my physician at the request of TITANIUM TUBING TECHNOLOGY LTD. while on modified duties and obtain a written progress report from my physician.

I understand and acknowledge that if I operate outside of the boundaries of the modified work agreement that my actions will be subject to disciplinary actions and a breach of the agreement.

I understand that when I am physically capable in accordance with my physician, I will be returned to normal duties.

I understand that a report on the accident/incident will be sent to the appropriate Workers' Compensation Board as part of the OH&S requirements.

Signed this ____ day of _____, 20____ at (City) _____

Injured Employee's Signature

Titanium Tubing Tech Representative

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Ensure to Scan & Email to HSE Manager and Fax to 1-780-875-5249