

**County Of San Mateo**  
**Temporary Transitional Work Assignment (TWA)**

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Job Title/Code** (at time of injury): \_\_\_\_\_ **Salary** (at time of injury): \_\_\_\_\_

**Department/Supervisor** (at time of injury): \_\_\_\_\_

**Job Title/Code** (Temporary TWA job; if changed): \_\_\_\_\_ **Salary** (Temporary TWA job; if changed): \_\_\_\_\_

**Department/Supervisor** (Temporary TWA job, if applicable): \_\_\_\_\_

Limitations/Restrictions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<p>Temporary Work Modifications: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date Temporary Transitional Modified Work begins: _____ and ends: _____ not to exceed 90 days or until restrictions change.</p>
---

**Check (✓) all that apply:**

Treating Physician's Approval

Treating Physician Report Attached

**Participant's Responsibilities:**

**Employee**

- Work within the physical limitations set by the doctor i.e. perform only those transitional tasks spelled out by the coordinator or supervisor.
- Let the supervisor know if I am having difficulties with any of the tasks I must perform.
- Tell the supervisor in advance if I must leave work for a medical appointment.
- Ensure the supervisor knows of any changes in restrictions and brings work status report from the doctor.

**Supervisor/Coordinator**

- Communicate regularly with the employee regarding his/her progress.
- Monitor changes in restrictions and assign new duties as appropriate and available.
- Ensure the employee works within the physical limitations set by the doctor.

**We have read, fully understand, and agree to the duties of this temporary assignment.**

EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

RISK MANAGEMENT \_\_\_\_\_ DATE: \_\_\_\_\_

cc: Employee  
Department Head  
Risk Management fax @ 363-4864