



ACKNOWLEDGMENT OF AVAILABLE MODIFIED DUTY

Matrix Employee Leasing and its client companies desire to provide their employees with the most expedient and highest quality care possible when they are injured at work. As a result, Matrix Employee Leasing and your on-site employer supervisor(s) have developed a program that will allow injured workers to return to work on a modified duty basis by making accommodations on the job for work restrictions.

According to our records, the doctor has advised you that you have been released to modified duty status as of _____. This letter serves as notice that modified duty is available as of _____ and that you should report to work on that date at _____ (**Insert Time**) at _____ (**Insert Location**) for your next job assignment. Please see the attached doctor's statement outlining your visit and limitations.

Your failure to report for your next assignment at the time and on the date set forth above will be considered an unexcused absence, and you will not be paid for the days missed after that date and time. Failure to contact your supervisor in response to this letter will be considered an unexcused absence and could lead to termination of your workers' compensation benefits and loss of employment. Matrix Employee Leasing and your supervisor(s) feel a strong commitment to provide gainful employment to injured workers during their recovery period. No matter how much we believe in the program, it is your cooperation that is essential.

If you have any questions or concerns, please call Matrix Employee Leasing at 904-739-2722.

I, _____, Accept Decline (**Check One**) modified duty.
(Print Name of Employee)

Employee Signature: _____ Date: _____

All limitations on the employee's activities set forth in the attached doctor's recommendation will be strictly observed.

Please read this form carefully and check the appropriate box above. You should make and keep a copy of this Acknowledgement for your records.

PLEASE RETURN THE ORIGINAL OF THIS FORM TO:

**MATRIX EMPLOYEE LEASING
9016 Philips Highway
Jacksonville, Florida 32256
PHONE: 904-739-2722 FAX: 904-262-2760
ATTENTION: RISK MANAGEMENT**