

Department of Corrections Transitional Employment Plan

Employee Name:	Job Title:
Manager/Supervisor:	Work Location:
Conditions/Restrictions:	
Date Restrictions Began:	Next Review Date:
Plan Specifications [NOTE: Refer to the Activity Analysis (AA) for description of job duties.]	
Start Date:	End Date:
Describe modified duties:	
Describe modified hours/day and days/week, including progression schedule:	
Special considerations:	
This Transitional Employment Plan has been reviewed and discussed with me to clarify any questions I may have. I have been provided with a copy of this plan and I understand my supervisor will retain a copy. Should I experience any difficulties while performing transitional work, I will immediately contact my supervisor.	
Employee Signature:	Date:
I have reviewed and discussed this Transitional Employment Plan with the employee. In addition, I have provided a copy of the plan to the employee.	
Manager/Supervisor Signature:	Date: