



**EMPLOYEE  
NAME:** \_\_\_\_\_

**EMPLOYEE #:** \_\_\_\_\_

CBE wants to help all employees with an illness or injury to have a safe return to work. If you need modified work you must show the CBE your medical clearance from your doctor.

CBE will provide modified work for employees if

- the work follows the doctors guidelines.
- the work is safe for the employee.
- the employee is qualified to do the work.
- there is suitable work available.

*Please read and sign the following.*

I am aware that the CBE has modified duties available and will try to accommodate any medical restrictions. I agree to participate in the return-to-work process. I will contact the Employee Health Resource Centre as soon as I know of any medical restrictions.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is a confidential form and is to be returned to Calgary Board of Education, Employee Health Resource Centre. Please fax to EHRC at 403.777.6064. If you have questions, please contact us at 403.777.7788.