

**Truckee Donner Recreation and Park District
Return to Work Agreement**

This document serves as an agreement between the individual named below and the Truckee Donner Recreation and Park District concerning the conditions under which the individual is being allowed to return to work after an on-the-job injury. Please understand that compliance is of the utmost importance.

Employee Name: _____

Date of Injury: _____

Type of Injury: _____

Restrictions:

I, _____, understand that it is my responsibility to adhere to the above listed restrictions and that if I am found to be willfully working outside of those restrictions, I may be disciplined up to and including termination.

Employee Signature

Witness

Date

Date