L W G

Leeds West Groups

WORKPLACE INJURY GUIDE

Leeds West Groups

TABLE OF CONTENTS

INTRODUCTION & PURPOSE

At Leeds West Groups, the safety, health, and well-being of our team members is our highest priority. We are committed to providing a safe, respectful, and responsive workplace where injuries are prevented whenever possible and properly addressed when they do occur.

This Workplace Injury Guide provides clear procedures, resources, and expectations to support timely reporting, effective injury response, and legal compliance across all of our locations. It ensures that all team members and leaders understand their roles in:

- Reporting workplace injuries and near-miss incidents.
- Accessing appropriate medical care.
- Completing necessary documentation.
- Supporting a safe and structured return-to-work process.

This guide is designed to:

- ✓ Promote a culture of safety, transparency, and accountability.
- ✓ Ensure consistent injury response and documentation at all locations.
- ✓ Support compliance with OSHA and state-specific workers' compensation laws.
- ✓ Reduce risk through prompt investigation and root cause analysis.
- ✓ Facilitate communication between team members, supervisors, HR, and medical providers.

Whether you are a team member experiencing an injury, a supervisor managing a response, or a leader supporting modified duty accommodations, this guide provides the tools and procedures you need to act quickly, responsibly, and in alignment with our safety principles.

Your voice matters. Your safety matters. And your actions make a difference.

LWG HR CONTACT

If you have any questions about this process, please don't hesitate to contact our HR team.

Scan the QR code or visit:
https://leedswestgroups.happyfox.com/new

LWG
Leeds West Groups

In Case of a Workplace Injury

Call Immediately!

Medcor®

1-815-846-2380

FOR POTENTIALLY LIFE-THREATENING INJURIES, CALL 9-1-1
PARA LESIONES POTENCIALMENTE MORTALES, LLAME AL 9-1-1

Workers' Compensation Coverage Information

To be provided to all treating providers for work-related injuries or illnesses.

COMPANY & INSURANCE INFORMATION

- **Employer Name:** Leeds West Groups
- **Address:** 7450 E. Progress Pl., Greenwood Village, CO 80111
- **Phone:** 303-980-8748
- **Website:** www.leedswestgroups.com

WORKERS' COMPENSATION INSURANCE CARRIER

Please bill the workers' compensation insurance carrier listed below. Do not bill the employee's personal health insurance.

Colorado Only	All Other States
• **Company Name:** Pinnacol Assurance • **Policy Number:** 4238068	• **Company Name:** Zurich • **Policy Number:** 6573286-00

REQUIRED DOCUMENTATION FROM MEDICAL PROVIDER

Please provide a copy of the following documentation to your claims adjuster, supervisor, and HR after each visit:

- Work Status Note (Full Duty, Modified Duty, or Off Work)
- Description of any work restrictions
- Estimated recovery time or next follow-up
- Any treatment plans, referrals, or diagnostic results
- Visit summary (if available)

RETURN TO WORK & MODIFIED DUTY

If the team member is placed on restricted duty:

- Document specific restrictions in writing.
- Complete a Return-to-Work Release Form (provided by the employee or employer).
- Leeds West Groups will evaluate options for modified duty assignments.

LWG HR CONTACT & RETURN PAPERWORK SUBMISSION

If you have questions regarding this injury, documentation, or return-to-work coordination, please contact LWG HR.

Scan the QR code or visit:
https://leedswestgroups.happyfox.com/new

Leeds West Groups

Workplace Injury & Illness Reporting & Claims Management Procedures

Protecting the health, recovery, and long-term well-being of our team members is a top priority. Prompt and transparent communication about injuries is crucial for ensuring OSHA compliance, facilitating workers' compensation processing, and maintaining safe operations. By following these procedures, we protect our people, support compliance, and maintain a safe and productive workplace for everyone.

Timely and accurate injury reporting protects team members, ensures proper care, maintains compliance with OSHA, and helps prevent future incidents.

WORK-RELATED INJURY REPORTING PROCEDURES

- **Stop Work Immediately:** Prioritize safety and prevent further injury. If life-threatening, call 911 immediately.
- **Notify Your Supervisor:** Report the injury or incident to your supervisor as soon as possible. Report all injuries and incidents on the same day, regardless of severity or symptoms. This includes contacting and reporting the incident to Medcor.
- **Contact Medcor (Non-Emergency):** Call 1-815-846-2380 to speak with a licensed nurse for care guidance and clinic referral if needed.
- **Designated Medical Provider Notification (CO Only):** Supervisors will provide injured employees with the Designated Provider List Notification Letter, ensuring it is signed and dated by the employee. A signed copy must be retained in the personnel file.
- **Follow Medical Direction (if needed):** Attend all appointments. Bring your job description, workers' compensation details, and a completed Return-to-Work form to each appointment.
- **Complete Required Forms:** Supervisors will initiate a Workers' Compensation Incident Report. Team members must sign and provide a written statement if requested.
- **Notify HR:** Supervisors must notify HR within 24 hours to begin case monitoring and return-to-work coordination.
- **First Report of Injury:** HR will ensure the First Report of Injury (FROI) is submitted to the workers' compensation carrier.
- **Regulatory Agency Notification:** HR or the Safety Coordinator will notify OSHA or the applicable state OSHA agency within required timelines for serious work-related incidents (e.g., fatalities, hospitalizations, amputations, loss of an eye). Timelines may vary by jurisdiction.
- **Submit Return-to-Work Documents:** After each medical visit, submit a Return-to-Work Authorization Form signed by the provider. Generic notes (e.g., "can work") are not accepted. HR must approve documentation before returning to work.
- **Medical Status Reports:** Following each medical appointment, HR or supervisors will obtain and retain copies of medical provider status reports outlining work restrictions, recovery status, and treatment recommendations.
- **Follow All Medical Instructions:** Adhere to all restrictions and attend follow-up appointments. Report any condition changes to HR.
- **Weekly Check-In:** For team members unable to work due to injury, supervisors or HR will maintain weekly communication to discuss recovery progress, answer questions, provide updates, and facilitate return-to-work planning.
- **Failure to Report Timely:** Delayed or incomplete reporting may result in delayed benefits, OSHA violations, and corrective action, up to and including termination. This applies to both team members and supervisors responsible for timely reporting, documenting, and escalating injury claims.

Leeds West Groups

Return to Work Program

Leeds West Group is committed to helping team members return to work safely and productively after injury or illness. We offer structured transitional duty assignments aligned with medical restrictions.

MODIFIED DUTY ASSIGNMENTS

- **Based on Medical Clearance:** Assignments are made based on written restrictions from a licensed provider.
- **Reviewed Regularly:** Assignments will be reassessed every 30 days and may continue for up to six months.
- **Safe and Productive Work:** Duties will be meaningful and in alignment with restrictions.
- **Required Participation:** Declining modified duty without a documented medical reason may impact workers' compensation eligibility and result in corrective action, in accordance with applicable law.

EXTERNAL TRANSITIONAL DUTY ASSIGNMENTS

- **Placement with Partners:** If no in-house roles are available, team members may be placed with external nonprofit or community partners.
- **Same Expectations Apply:** Team members must meet all conduct and safety expectations.
- **Mandatory Training Assignments:** Team members may be assigned required safety or job-readiness training courses to complete as part of their transitional duty assignment.

TEAM MEMBER RESPONSIBILITIES DURING RECOVERY

- **Stay in Communication:** Maintain contact with your supervisor and HR.
- **Submit Documentation:** Provide all required forms and attend medical appointments.
- **Cooperate with Case Managers:** Engage in recovery, treatment, and return-to-work planning.
- **Follow Conduct Standards:** Open claims do not exempt team members from workplace conduct expectations.

EXTENDED OR PERMANENT RESTRICTIONS

- **Medical Leave Evaluation:** HR will assess eligibility for FMLA or applicable leave.
- **ADA Interactive Process:** HR will engage in the interactive process to evaluate if reasonable accommodations or alternative roles are available.
- **No Permanent Light Duty Guarantee:** Permanent light duty is not offered. All cases are reviewed individually.

MEDICAL & EXPOSURE RECORDS ACCESS

Team members may request access to their injury, illness, or exposure records in writing to HR. Records will be provided within OSHA timelines and maintained per OSHA, HIPAA, and legal requirements.

OSHA RECORDKEEPING & LOG ACCESS

Leeds West Group maintains all required injury and illness records in accordance with OSHA's recordkeeping standard (29 CFR 1904). Accurate documentation and timely reporting help us identify trends, maintain compliance, and promote a safe workplace.

- **Log Maintenance:** OSHA 300, 301, and 300A logs are maintained by the HR Department.
- **Annual Posting:** The OSHA 300A Summary is posted at each location from February 1 through April 30, as required.
- **Record Access:** Team members may request to view logs by submitting a written request to HR or the Safety Coordinator.
- **Incident Documentation:** All work-related injuries must be documented promptly and accurately to ensure compliance and proper care.

CHECKLISTS

The following checklists are designed to provide quick, step-by-step guidance for both team members and managers in the event of a workplace injury. These tools support clear communication, timely reporting, proper documentation, and safe return-to-work procedures; ensuring nothing important is overlooked during the injury response and recovery process. Use them as a reference before, during, and after any work-related medical event.

Leeds West Groups

Manager Quick-Action Checklist: Post-Injury Protocol

For supervisors to follow immediately after a workplace injury is reported.

☒	Task
☐	**Ensure Safety** • **If life-threatening: Call 9-1-1** • Stop work in the area, if needed. • Administer first aid if trained and appropriate.
☐	**Call the Medcor Nurse Triage Line** *(if not life-threatening)* • Phone: 1-815-846-2380
☐	**Notify HR Immediately** • **Contact HR** to report the incident.
☐	**Provide Medical Information to the Team Member** • Workers' Compensation Coverage Information • Designated Provider List (if required by state) • Copy of Job Description • Team Member Checklist: What To Bring To Every Appointment • Return to Work Release Form
☐	**Document the Incident** • Complete the Workplace Injury Investigation Form within 24 hours. • Collect Witness Statements (if applicable).
☐	**Secure the Scene** • Remove immediate hazards. • Take photos if applicable. • Implement steps to prevent recurrence.
☐	**Submit Documentation** • Send all completed forms to HR by the end of the day.
☐	**Coordinate Modified Duty (If Applicable)** • If work restrictions are issued, collaborate with HR to assign appropriate light-duty tasks, if available.
☐	**Follow Up with the Injured Team Member** • Confirm that all return-to-work forms are submitted. • Maintain open, supportive communication during recovery.

NEED HELP? CONTACT HR

Scan the QR code or visit:
https://leedswestgroups.happyfox.com/new

Leeds West Groups

Team Member Checklist: What to Bring to Every Medical Appointment

For work-related injuries covered under workers' compensation.

BEFORE THE APPOINTMENT: REQUIRED DOCUMENTS TO TAKE

☒	Task
☐	**Workers' Compensation Coverage Information Form** • Ensures proper billing to workers' comp.
☐	**Copy of Your Current Job Description** • Allows the provider to evaluate whether you can return to full or modified duty.
☐	**Return to Work Release Form (blank copy)** • Must be completed by the provider before you return to work.
☐	**Workers' Compensation Claim Number (if assigned)** • Helps ensure accurate records and billing.
☐	**State-Designated Medical Provider List** *(if required in your state)* • Colorado and some other states require treatment by pre-approved providers.

AT THE APPOINTMENT: WHAT TO GET BEFORE YOU LEAVE

☒	Task
☐	Work Status Note/Completed **Return to Work Release Form**
☐	List of Any Restrictions or Modified Duty Limits
☐	Next Appointment Date (if follow-up is scheduled)
☐	Treatment Plan or Referrals (if needed)
☐	Medical Summary or Visit Notes (if available)

AFTER THE APPOINTMENT: WHAT TO DO NEXT

☒	Task
☐	Submit the completed **Return to Work Release Form** to your supervisor or HR before resuming work.
☐	Discuss any restrictions with your supervisor and HR to ensure safe and appropriate duties.
☐	Follow your treatment plan and attend all scheduled follow-up appointments.

NEED HELP? CONTACT HR OR SPEAK WITH YOUR SUPERVISOR.

Scan the QR code or visit:
https://leedswestgroups.happyfox.com/new

Leeds West Groups

Supervisor Checklist: After the Medical Appointment

For supervisors to complete after a team member returns from a medical visit related to a work injury.

☒	Task
☐	Collect the completed **Return to Work Release Form** and related documentation from the team member.
☐	**Review the document for:** • Work status (full, modified, or off) • Any listed restrictions • Follow-up appointment date
☐	Confirm that the team member clearly understands the restrictions. If unclear, contact HR for clarification.
☐	Coordinate with HR to determine if **Modified Duty** is available (if applicable).
☐	Assign only duties that fall within documented restrictions. Do not allow the team member to self-modify or exceed limitations.
☐	Communicate modified duty expectations clearly. Use a **Modified Duty Agreement** if provided by HR.
☐	Document any schedule or task adjustments related to the modified duty assignment.
☐	Check in with the team member regularly to ensure they're tolerating the assignment well. Report concerns to HR immediately.
☐	Track the next medical appointment or reevaluation date to prepare for updates.
☐	Report any changes or concerns to HR promptly.

NEED HELP? CONTACT HR

Scan the QR code or visit:
https://leedswestgroups.happyfox.com/new

Leeds West Groups

Modified Duty Start Checklist

To ensure a safe and compliant transition into a temporary restricted-duty assignment.

☒	Task
☐	Obtain written work restrictions from the provider (**Return to Work Release Form**).
☐	Confirm with HR that modified duty is available. If not, the team member may remain off work or on restricted leave.
☐	Review the restrictions with the team member and answer any questions to ensure a clear understanding.
☐	Complete and sign the **Modified Duty Agreement**. Include: • Start/end date • Assigned duties • Specific restrictions • Acknowledgment of expectations
☐	Assign tasks that fully comply with restrictions. Do not exceed any limits on lifting, use of limbs, or physical movement.
☐	Communicate assignment expectations to other team members (as appropriate) to avoid confusion or pressure on the injured team member.
☐	Monitor the team member daily. Check for pain, worsening symptoms, or overexertion.
☐	Track re-evaluation date. Follow up with the team member and HR to adjust or extend the assignment as needed.
☐	Document any issues or concerns and report to HR immediately.

NEED HELP? CONTACT HR

Scan the QR code or visit:
https://leedswestgroups.happyfox.com/new

Leeds West Groups

HR Checklist: Workers' Comp Case Management

For HR to manage, track, and document the full workers' compensation process.

☒	Task
☐	Receive initial injury report and **investigation form** from supervisor. Verify incident details and completeness.
☐	Log injury in Dayforce.
☐	Check in with the injured team member and supervisor individually to ensure they feel supported, educated, and understand the process. • Ask the supervisor if there is any reason to believe the injury has been falsely reported.
☐	Verify injured team member has seen an authorized provider. Confirm that **Workers' Compensation Coverage Information** form was provided.
☐	Ensure claim has been reported to workers' comp carrier and an adjuster has been assigned.
☐	**Record OSHA classification (if applicable):** • First aid only • Recordable injury • Lost time • Restricted duty
☐	**Store all documents securely, including:** • **Injury Investigation Form** • **Witness Statement(s)** • **Return to Work Releases** • **Modified Duty Agreement(s)** • Medical notes or provider communications
☐	Coordinate modified duty with supervisor. Confirm tasks align with restrictions.
☐	Follow up with the team member regarding upcoming appointments, missed work, and RTW expectations.
☐	Update the carrier with changes or provider updates throughout the recovery process.
☐	Close the case once full duty is resumed and no further treatment is required.
☐	Update OSHA logs and Dayforce Injury records (if applicable).

Leeds West Groups

FREQUENTLY ASKED QUESTIONS (FAQ)

Team Member FAQ: What to Know if You're Injured at Work

Q: What should I do if I get injured on the job?

A: *Report it to your supervisor immediately, even if it seems minor. Prompt reporting protects your health and your benefits.*

Q: Where do I go for medical treatment?

A: *Your supervisor will direct you to an approved medical provider and give you a form with the company's workers' comp information.*

Q: Who pays for the medical bills?

A: *Medical treatment related to a legitimate work injury is covered by the company's workers' compensation insurance, not your personal health insurance.*

Q: Do I need to fill out paperwork?

A: *Yes. Your supervisor and HR will guide you in completing necessary forms to file a claim.*

Q: Can I return to work if I'm not 100% recovered?

A: *Sometimes. If you're medically cleared for modified duty, HR will work with you to determine if modified (or light) duty is an option.*

Q: What happens if I need more treatment?

A: *Keep attending follow-up appointments and submit updated Return to Work Release Forms each time.*

Q: Will I still get paid while I'm out?

A: *If you miss work, you may be eligible for wage replacement through workers' comp, depending on your state and medical provider's restrictions.*

Supervisor FAQ: How to Respond to an Injury

Q: What's the first thing I should do when someone is injured?

A: *Ensure safety. Call 911 for life-threatening injuries or contact Medcor at 1-815-846-2380 for non-life-threatening injuries.*

Q: Do I need to complete any forms?

A: *Yes. You must complete an* ***Injury Investigation Form*** *within 24 hours. If there were witnesses, have them complete a Witness Statement.*

Q: Who sends the team member to the clinic?

A: *You do. Provide the* ***Worker's Compensation Coverage Information*** *and designated provider list (if applicable).*

Q: How do I handle modified or light-duty restrictions?

A: *Send all medical releases to HR. We'll evaluate if a Modified Duty Assignment is available. You may be asked to help coordinate restricted tasks.*

Q: What if the team member doesn't report the injury right away?

A: *Still document it and notify HR. Encourage prompt reporting in the future to ensure coverage.*

Q: Who communicates with the workers' comp insurance carrier?

A: *HR handles formal claim communication, but your cooperation is essential in gathering accurate info*.

FORMS

The following forms are essential to the workplace injury response, recovery, and return-to-work process. Each document plays a specific role in ensuring injuries are properly reported, investigated, treated, and resolved in alignment with company policy and workers' compensation requirements. Supervisors, team members, and healthcare providers should utilize the appropriate forms at each stage of the process to facilitate timely communication, ensure legal compliance, and promote a safe and structured return to work.

Leeds West Groups

Workplace Injury Investigation Form

To be completed and submitted to HR within 24 hours of the incident by the Store Manager or Director of Operations.

REPORTING PARTY INFORMATION		
Name of Person Completing Report:	Job Title:	Form Completion Date:

INJURED TEAM MEMBER INFORMATION		
Team Member Name:	Job Title:	Store/Location:
Date of Injury:	Time of Injury:	Location of Injury:
Date Reported to Supervisor:		

INCIDENT DETAILS

Describe the incident in detail (what happened, how, and where)

- **What was the team member doing at the time of the incident?**
  Describe the task, activity, and any tools, equipment, or materials in use.

- **Describe in detail how the incident occurred:**
  Be specific. Example: "While lifting tires onto the rack, employee lost grip and dropped one on foot."

- **What was the injury or illness?**
  Describe the body part affected and how. Avoid vague terms like "hurt" or "sore." Examples: "strained lower back," "chemical burn to hand."

- **What object, tool, or substance directly caused the injury?**
  Examples: "vehicle lift," "welding tool," "oil spill," "chemical," "floor mat."

TYPE OF INJURY *Check all that apply*					
☐ Strain/Sprain	☐ Cut/Laceration	☐ Burn	☐ Slip/Trip/Fall	☐ Impact/Crush	☐ Chemical Exposure
☐ Other:					

BODY PARTS AFFECTED *Check all that apply*									
☐ Head	☐ Eyes	☐ Neck	☐ Face	☐ Back	☐ Arm	☐ Hand	☐ Leg	☐ Foot	☐ Abdomen
☐ Other:									

Leeds West Groups

INCIDENT CLASSIFICATION *Check all that apply*		
☐ First Aid Only	☐ Medical Treatment Beyond First Aid	☐ Lost Workdays
☐ Restricted Work	☐ Near Miss (no injury occurred)	☐ Fatality
☐ Other:		

PPE & SAFETY PROCEDURES			
Was Personal Protective Equipment (PPE) used?	☐ Yes	☐ No	If no, explain:
Were safety procedures or policies violated?	☐ Yes	☐ No	If yes, explain:
Was the correct PPE used for the task?	☐ Yes	☐ No	☐ Not Applicable
Were safety procedures followed?	☐ Yes	☐ No	☐ If no, explain:

ROOT CAUSE ANALYSIS *What was the root cause of the incident? (select all that apply):*		
☐ Unsafe behavior	☐ Equipment failure	☐ Lack of PPE
☐ Slippery/wet surface	☐ Inadequate training	☐ Poor housekeeping
☐ Other:		
Describe the root cause in detail:		

HUMAN FACTORS *Gathers insight into behaviors, training, and fitness for duty*			
Was the team member trained on the task involved?	☐ Yes	☐ No	☐ Unclear
Was fatigue, distraction, or stress a contributing factor?	☐ Yes	☐ No	☐ Unknown
Was the team member working under supervision at the time of the injury?	☐ Yes	☐ No	☐ Not Applicable
Did a communication breakdown contribute to the incident?	☐ Yes	☐ No	
Was this part of the team member's normal job duties?	☐ Yes	☐ No	

ENVIRONMENTAL & SITE CONDITIONS					
Floor Condition	☐ Dry	☐ Wet	☐ Slippery	☐ Damaged	
Lighting	☐ Adequate	☐ Poor	☐ Not a factor		
Noise	☐ Normal	☐ Loud	☐ Distracting		
Weather (if applicable)	☐ Not Applicable	☐ Rain	☐ Snow	☐ Ice	☐ Heat
Housekeeping	☐ Acceptable	☐ Contributed to Hazard			

EQUIPMENT OR MATERIALS INVOLVED			
Was equipment removed from service for inspection?	☐ Yes	☐ No	
Was the equipment functioning properly?	☐ Yes	☐ No	☐ Unknown

WITNESSES *(attach witness statements if available)*		
Were there witnesses to the incident?	☐ Yes	☐ No
If yes, list witness names:		

-
-
-
-

CORRECTIVE ACTIONS

- Immediate actions taken (e.g., removed hazard, area cleaned):

- Long-term corrective actions to prevent recurrence (e.g., (re)training, revised procedures):

- Additional follow-up needed? ☐ Yes ☐ No If yes, describe:

SUPERVISOR NOTES OR RECOMMENDATIONS

- In your opinion, how could this incident have been prevented?

- Do you believe further team training is required? ☐ Yes ☐ No
  - If yes, on what topic(s)?

REPORTING & REVIEW			
Was HR notified?	☐ Yes	☐ No	Date/Time:
Was Risk or Facilities notified?	☐ Yes	☐ No	Date/Time:
Photos or supporting documentation attached?	☐ Yes	☐ No	

SUPERVISOR ACKNOWLEDGEMENT

By signing below, I confirm that the information provided in this Workplace Injury Investigation Form is true, accurate, and complete to the best of my knowledge. I understand that this report is a critical part of the injury response and documentation process, and that failure to report facts accurately or completely may result in corrective action. I have reviewed all available details, interviewed witnesses if applicable, and taken steps to help prevent a similar incident from recurring.

Supervisor Signature *Printed Name* *Date*

LWG HR CONTACT & DOCUMENT SUBMISSION

If you have any questions about this process or would like to submit documentation, please don't hesitate to contact the LWG HR team.

Scan the QR code or visit:
https://leedswestgroups.happyfox.com/new

Category: *"Report a Workplace Injury"*

Leeds West Groups

Witness Statement Form

To be completed by any individual who directly observed or has relevant information about a workplace incident.

WITNESS INFORMATION		
Full Name:	Job Title:	Store/Location:
Phone Number:	Date Statement Completed:	Date of Incident Witnessed:

INCIDENT DETAILS

Describe in detail what you witnessed. Include what happened, how it happened, the individuals involved, and the sequence of events. Be as specific as possible

- Where did the incident take place?

- Who else was present at the time of the incident?

- Did you hear or observe anything before the incident that may have contributed to it? (e.g., sounds, unsafe conditions, horseplay, equipment malfunction)

- What was your location in relation to the incident (e.g., distance, line of sight)?

- Did you speak to anyone involved after the incident occurred? ☐ Yes ☐ No
  If yes, who and what was discussed?

ADDITIONAL COMMENTS

Optional: Include anything else you believe is relevant or important to the investigation.

WITNESS ACKNOWLEDGEMENT

By signing below, I confirm that the above statement is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in corrective action, up to and including termination of employment.

Witness Signature *Printed Name* *Date*

Leeds West Groups

Return to Work Release Form

To be completed by the treating medical provider and submitted to HR prior to the team member's return to work.

INSTRUCTIONS

- **Supervisor:** Attach the employee's current job description to this form and provide both to the employee.
- **Team Member:** Ask your medical provider to review your job description and complete this form. Return it to your supervisor or HR ***before*** returning to work.
- **Health Care Provider:** Please review the attached job description and complete all sections of this form. Return it to the employee with any additional documentation on facility letterhead as needed.

BODY PARTS AFFECTED
Check all that apply

☐ Head	☐ Eyes	☐ Neck	☐ Face	☐ Back	☐ Arm	☐ Hand	☐ Leg	☐ Foot	☐ Abdomen
☐ Other:									

SEVERITY OF INJURY (AS DIAGNOSED)

☐ Minor	☐ Moderate	☐ Severe	☐ Urgent

MEDICAL RELEASE STATEMENT
Please check the appropriate status

Duty Status	Hours Per Day/Week	Start Date	End Date	Indefinite	Next Evaluation Date
☐ Released to Full Duty (No Restrictions)			*N/A*	*N/A*	
☐ Released with Temporary Restrictions				☐	
☐ Released on Reduced Schedule	Per Day: Per Week:			☐	
☐ Not Medically Released	*N/A*	*N/A*		☐	

WORK RESTRICTIONS (IF APPLICABLE)
If restrictions apply, please complete the following fields.

Activity	Hours Per Day Limit	Weight Limit	Other Limit/Restriction
Standing			
Walking			
Sitting			
Lifting (lbs)			
Carrying (lbs)			
Driving			
Climbing or Stooping			
Use of hands (repetitive, pushing/pulling)			
Other restrictions or considerations			

HEALTH CARE PROVIDER DETAILS

Provider Name (Print):	Facility Name:	
Phone Number:	Fax Number:	Email Address:
Facility Address:		

Date of Visit:	Patient Name:

HEALTH CARE PROVIDER ACKNOWLEDGMENT

Health Care Provider Signature *Health Care Provider Printed Name* *Date*

LWG HR CONTACT & DOCUMENT SUBMISSION

If you have any questions about this process or would like to submit documentation, please don't hesitate to contact the LWG HR team.

Scan the QR code or visit:
https://leedswestgroups.happyfox.com/new

Category: *"Report a Workplace Injury"*

Leeds West Groups

Modified Duty Agreement

To be completed when a team member returns to work with medical restrictions following a workplace injury.

TEAM MEMBER INFORMATION		
Full Name:	Job Title:	Work Location:
Date of Injury:	Released to Modified Duty: ☐ Yes ☐ No **(Form not applicable)**	

MODIFIED DUTY AGREEMENT TERMS	
Modified Duty Start Date:	Anticipated End Date or Re-Evaluation Date:
Expected Hours per Day/Week:	Work Location (if different):
Modified Job Title (if different):	Date of Most Recent Medical Evaluation:

WORK RESTRICTIONS

Attach provider's written restrictions if available.

Activity	Hours Per Day Limit	Weight Limit	Other Limit/Restriction
Standing			
Walking			
Sitting			
Lifting (lbs)			
Carrying (lbs)			
Driving			
Climbing or Stooping			
Use of hands (repetitive, pushing/pulling)			
Other restrictions or considerations			

This modified duty assignment is temporary and depends on medical updates, operational needs, and team member compliance. The assignment may be changed or ended at any time due to changes in work restrictions, business needs, or recovery progress.

TEAM MEMBER ACKNOWLEDGMENT

By signing below, I acknowledge the following:

- I understand and accept this temporary modified duty assignment.
- I will comply with all medical restrictions and notify my supervisor and HR immediately if I experience discomfort, worsening symptoms, or inability to perform the assigned tasks.
- I understand that this assignment does not alter my at-will employment status, create a contract of employment, or guarantee continued employment or permanent modified duty.
- I will attend all follow-up appointments and submit any updated medical documentation to HR promptly.

Team Member Signature	*Printed Name*	*Date*
Supervisor Signature	*Printed Name*	*Date*
HR Representative Signature	*Printed Name*	*Date*