

Employee Name	Department
Supervisor	Regular Job Title/Class

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Plan Specifications

Start Date	End Date
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Describe job and/or specific tasks:

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Describe hours/day and days/week, including progression schedule:

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Special considerations:

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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
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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.

Supervisor Signature	Date
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HR Analyst	
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