

TEMPORARY ALTERNATIVE DUTY PROGRAM – ACKNOWLEDGEMENT FORM

In accordance with the provisions of RSA 281-A:23-b, the School District will provide temporary alternative work opportunities for employees who suffer a work-related injury or illness.

When practicable, employees will be returned to their regular duties with modifications consistent with a physician’s stipulated work restrictions. In the event that such restrictions make it impractical for an employee to perform their normal job, even with modification, the employee may be reassigned to different duties or a different work schedule and may include assignment to a different department within the School District.

The specific assignment of duties shall be determined on a case-by-case basis pursuant to the physician’s restrictions and the work available at the time of the injury or illness.

The School District has no obligation to provide temporary alternative work opportunities to employees who suffer a non-work related illness or injury.

STATEMENT OF ACKNOWLEDGEMENT

I hereby acknowledge that I have received a copy of Policy GBGD – Workers’ Compensation Temporary Alternative Work Program – and that my responsibilities were explained to me.

_____ Employee’s Signature	_____ Date
_____ Building Principal’s Signature	_____ Date

First Reading:	December 14, 2022
Second Reading:	January 11, 2023
Adopted:	January 11, 2023