

**MADERA UNIFIED SCHOOL DISTRICT  
EMPLOYEE MODIFIED WORK ASSIGNMENT  
WEEKLY SIGN IN & OUT REPORT**

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

START DATE: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_

END DATE: \_\_\_\_\_

MODIFIED ASSIGNMENT: \_\_\_\_\_

PHONE #: \_\_\_\_\_

REPORT DAILY TO: \_\_\_\_\_

PERMANENT SUPERVISOR NAME AND PHONE #: \_\_\_\_\_

**NOTE: Please turn the original of this form to Valarie Baez in the Risk Management Department and a copy to your regular Supervisor at the end of each work week.**

Please list any Workers' Comp Dr. appointments in the boxes provided below. Make sure to list the time you left and returned and collect a signature from Supervisor.

Date	Time In	Employee Signature	Supervisor Signature	Time Out	Employee Signature	Supervisor Signature
/ /20 Monday						
/ / 20 Tuesday						
/ /20 Wednesday						
/ /20 Thursday						
/ /20 Friday						

Name of treating Facility	Appoint. Time and Return Time	Employee Signature	Supervisor Signature