

**OFFER OF MODIFIED WORK**

COMPANY NAME: Nishnawbe-Aski Legal Services Corp

EMPLOYEE NAME: Joanne Cheechoo  
(print full name)

In keeping with our policy to consider alternate suitable employment for any employee unable to perform their regular work due to injury, we are offering the following modified work placement.

The modified work position is Accounts Payable/Finance Clerk  
(name or description of position and department or location)

The duties you will be required to perform are as follows:

General filing, posting, ordering, all finance related duties.

\_\_\_\_\_  
(describe specific job duties and the physical requirements of the position)

The hours of work will be from 9am to 5pm, 5 days/wk  
(hrs) (hrs) (days of week)

The duration of the modified work placement will be from Nov 21/19 to Nov 28/19  
(date) (date)

During the modified work placement your supervisor will be Tara Thompson  
(name of supervisor)

Your rate of pay will be \_\_\_\_\_  
(pre-accident job rate recommended)

It is expected you will only perform the duties outlined above. (Insert name of supervisor) will monitor your progress and meet with you weekly to adjust your duties and/or length of placement as required based on your ability and relevant medical information. If you have any difficulties performing the modified work please notify your supervisor immediately.

Offer Accepted

Offer Rejected  \_\_\_\_\_  
(reason)

Employee Signature: Joanne Cheechoo Date: \_\_\_\_\_

Employer Signature: Laetia Shog Position: Human Resources

**IMPORTANT**

**For WCB cases provide:** \_\_\_\_\_  
(injured employee's WCB claim number or date of accident & SIN or birth date)

**Fax directly to WCB Adjudicator/Case Manager if known or to (780) 427-5863**