



REFUSAL OF TRANSITIONAL DUTY

I, _____, am refusing the Transitional Duty assignment with the following duties:

I understand that this refusal may jeopardize my Workers' Compensation Temporary Total Disability payments.

Employee Signature

Date

Supervisor Signature

Date

Location: Check one

Inman: _____

Austell: _____

Palmetto: _____

Fairburn: _____