



**GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #1701 A4**

TRANSITIONAL EMPLOYMENT PLAN

Employee Information	
Name:	Division/Office:
Job Title:	Supervisor Name:
Physical Capacities and Restrictions:	
Date Restrictions Began:	Next Review Date:
Plan Specifications	
Start Date:	End Date:
Describe job and specific tasks:	
Describe hours and days to be worked including progression schedule:	
Special Considerations:	
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:
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: