

Christine Trockey
Return to Work Coordinator
Telephone 707-428-0824 Ext. 121

Modified Duty Assignment Time Sheet/Leave Tracking

Employee Name: _____

Assignment Location: _____

Modified Assignment: _____

Days/Hours: _____

Modified Assignment Tracking

Doctor Appts. & Related Leaves

Date: _____
Time In: _____
Time Out: _____

Date: _____
Time In: _____
Time Out: _____

Date: _____
Time In: _____
Time Out: _____

Date: _____
Time In: _____
Time Out: _____

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Date: _____
Time In: _____
Time Out: _____

Date: _____
Time In: _____
Time Out: _____

Employee Signaure: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Fax this form to Debbie Egan (NCOE Office 253-6970) every Friday.

**Mail original copies of Leave Slips associated with documented leave to Debbie Egan at
NCOE, 2121 Imola Ave., Napa CA 94558**

NCOE Use Only

Ed Code Days Used _____	Days Remaining _____	Bridge Assignment Days Used _____
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