State of New Hampshire

Department of Labor

Ken Merrifield
Commissioner

Rudolph W. Ogden, III
Deputy Commissioner

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1-800-735-2964
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http://www.nh.gov/labor

REQUEST FOR JOB MODIFICATION PLAN APPROVAL

EMPLOYEE NAME:_____SSN:_____DOI:_____

EMPLOYER NAME:_____FEIN:_____TELEPHONE:_____

EMPLOYER ADDRESS:_____

DESCRIPTION OF EMPLOYEE'S IMPAIRMENT WITH ATTACHED MEDICAL RELEASE TO RETURN TO WORK OR WITH ANTICIPATED RELEASE DATE:

DESCRIBE THE SPECIFIC JOB MODIFICATIONS:

PROPOSED COSTS FOR MATERIALS, EQUIPMENT, AND LABOR WITH ESTIMATES:

DATE SUBMITTED:_____
SUBMITTED BY:_____
TITLE_____

Send check to:

Attention

Vendor No: _____
Email Address: _____

_____APPROVED
_____NOT APPROVED

_____
DEPARTMENT REPRESENTATIVE DATE