PARKING COMPANY OF AMERICA, INC. WORKERS' COMPENSATION MODIFIED DUTY SCHEDULE

| PCA WC # COMPANION PCA INCIDENT # | | | | | |
|---|-----------------------------|------------------------|---------------|----------|--------|
| LOCATION Employee Name Regular Duties | | | | | |
| Regular Department Regular Work Days Regular Shift Regular Supervisor Restricted Duties | Sunday Monday Tuesday | WednesdayThu | ırsday Friday | Saturday | Varies |
| Dates of Restricted Duties Follow-up Dates Restricted Duties | - [| Last Day Restricted Du | | | |
| Temporary Duties | First Day Restricted Duties | Last Day Restricted Du | ities | | |
| Temporary Department Temporary Work Days Temporary Shift Temporary Supervisor | Sunday Monday Tuesday | Wednesday | rsday | Saturday | Varies |
| Additional Comments | | | | | |
| Employee's Signature | | Date | | | |
| Supervisor's Signature | | Date | | | |