

Circle K Management LLC \* Payless Fuel Centers of Texas LLC \* Lone Star Property Management LP \*  
St George & AVA TGI \* St Mary & AVA Mena Inc \* Riverside Fuel & Food LLC \* S&M Fast Food \*  
Chicken & Fish Depot LLC \* North Texas Taco Casa

**WORK RELATED INJURY LIMITED OR OFF DUTY REQUIREMENTS** (Form 09 – revised 3/1/22)

I, \_\_\_\_\_, in the event that I am **unable**, as a result of a work related injury or illness, to report for duty at NTCS LLC, understand that as a condition of my continued employment, I will be required to personally contact my Manager by telephone. On a daily basis, during business hours (8:00 a.m. – 5:00 p.m.) for the duration of my absence. If I fail to do so the company has no responsibility to attempt to contact me and can terminate me for job abandonment.

I, \_\_\_\_\_, as a condition of my eligibility for **limited duty** due to a work-related injury or illness; understand that if limited duty is unavailable at the company, I will be required to remain at my residence during normal business hours (8:00 a.m.- 5:00 p.m.). I understand that the company may contact me at any time during those hours to verify my compliance with this requirement. We will make reasonable accommodations to work with limited duty injuries or illness.

Any unapproved absence will result in suspension/termination of all benefits available from the company's Stores Accident Benefit Plan.

I also understand that I am required to personally contact my Manager, by telephone on a daily basis during normal business hours (8:00 a.m. – 5:00 p.m.) as long as I am on remote limited duty. If I fail to do so the company has no responsibility to attempt to contact me and can terminate me for job abandonment.

_____ Employee Signature	_____ Employee Printed Name	_____ Date
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_____ Manager Signature (Company)	_____ Witness Printed Name	_____ Date
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**If Employee is under 18, parent/guardian must complete below:**

_____ Parent/Guardian Signature	_____ Printed Name of Parent/Guardian	_____ Date
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_____ Witness Signature (Company)	_____ Witness Printed Name	_____ Date
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