

Human Resources

Light Duty Assignment Request

I hereby request that I be placed on Light Duty status. I understand that this status may be implemented on a trial basis for a period of one month. I further understand that prior to the end of the month, this employment status will be evaluated by my supervisor in conjunction with the Human Resources Department to determine if it may be continued (in increments of one month). My health provider has identified the specific restrictions I will follow (note attached).

Name: \_\_\_\_\_ Employee ID#: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Employee currently on Worker's Compensation:  Yes  No

- A light duty assignment is not available within the department OR  
 A light duty assignment is available within the department

Briefly describe the duties:

Start Date (first day of light duty assignment): \_\_\_\_\_ Time: \_\_\_\_\_  
(MM/DD/YY)

End Date (end of light duty assignment): \_\_\_\_\_ Time: \_\_\_\_\_  
(MM/DD/YY)

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Human Resources Approval:

Approve full length of assignment:  Yes  No

If no, date re-evaluated: \_\_\_\_\_  
(MM/DD/YY)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_