DATE

MEMORANDUM FOR OWCP Case File

SUBJECT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Temporary Light Duty

1. Based on information provided by Mr/s. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the context of his/her limited duty profile as provided by his/her physician’s recommended limitations and restrictions, s/he is to perform modified duties as follows:

b.

1. Mr/s. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ may take rest breaks as needed in addition to his/her regularly scheduled work breaks.
2. Based on the limited duty profile, Mr/s. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ should not perform the following tasks at his/her place of duty until cleared by his/her physician to return to full duty. Specifically:
   1. H/she should not lift more than \_\_\_\_\_ pounds.
3. This temporary duty will expire on \_\_\_\_\_\_\_\_2011. At that time Mr/s. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will provide to his/her immediate supervisor updated medical documentation specifying continued limited duty or clearance for full performance of duties as written by his/her treating physician.
4. POC for this memorandum is the undersigned at ext\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature

EMPLOYEE ACKOWLEDGEMENT:

I accept the above assignment and will adhere to my restrictions and observe safe work practices.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

cc: Injury Compensation Program Administrator