

DATE: \_\_\_\_\_

TO: POSTMASTER

FROM: \_\_\_\_\_

In accordance with the National Agreement, Article 13, Section 2, I am hereby officially requesting light duty work within my medical limitations. My request is supported by the attached medical statement from my physician.

It is my understanding that management shall give this matter the greatest consideration and careful attention. If management does not provide the requested light duty work in accordance with Article 13.2.C, management has an obligation to explain in writing why light duty work is unavailable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date



Round Stamp  
(Optional)

cc: Manager/Supervisor  
NALC Steward

# DUTY STATUS - NON-OCCUPATIONAL INJURY/ILLNESS

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## PART A - EMPLOYEE

1. EMPLOYEE'S NAME (LAST, FIRST, MI) \_\_\_\_\_ 2. DATE OF INJURY/ILL \_\_\_\_\_ 3. SOCIAL SECURITY \_\_\_\_\_  
4. CRAFT \_\_\_\_\_ 5. AREA \_\_\_\_\_ 6. TOUR \_\_\_\_\_  
7. NAME & ADDRESS OF PHYSICIAN/MEDICAL FACILITY \_\_\_\_\_ 8. PHYSICIAN'S PHONE # \_\_\_\_\_

## PART B - PHYSICIAN

9. BRIEF DESCRIPTION OF INJURY/ILLNESS \_\_\_\_\_

10. IS EMPLOYEE FIT FOR LIGHT DUTY? \_\_\_\_\_

\_\_\_\_ YES      : \_\_\_\_ NO      IF YES, PLEASE CHECK DUTY STATUS BELOW:  
\_\_\_\_ LIFTING 5-10 LBS      PULLING, PUSHING, CARRYING      \_\_\_\_ YES \_\_\_\_ NO  
\_\_\_\_ LIFTING TO 20 LBS      REACHING/WORKING ABOVE SHOULDERS      \_\_\_\_ YES \_\_\_\_ NO  
\_\_\_\_ LIFTING TO 30 LBS      OPERATING A MOTOR VEHICLE, CRANE      \_\_\_\_ YES \_\_\_\_ NO  
\_\_\_\_ LIFTING TO 40 LBS      TRACTOR, ETC. \_\_\_\_\_  
\_\_\_\_ LIFTING TO 50 LBS      OTHER RESTRICTIONS - PLEASE SPECIFY \_\_\_\_\_  
\_\_\_\_ LIFTING TO 70 LBS      \_\_\_\_\_

LIST NUMBER OF HOURS PER 8-HOUR WORKDAY EMPLOYEE MAY DO THE FOLLOWING:

WALKING \_\_\_\_ HRS.      STOOPING \_\_\_\_ HRS.  
STANDING \_\_\_\_ HRS.      KNEELING \_\_\_\_ HRS.  
SITTING \_\_\_\_ HRS.  
CLIMBING \_\_\_\_ HRS.      REPEATED BENDING \_\_\_\_ HRS.

NOTE: FIT FOR FULL DUTY DATE IN ITEM 11 MAY CONTAIN THE NEXT DOCTOR'S APPOINTMENT DATE PROVIDING IT DOES NOT EXCEED 90 DAYS.

11. FIT FOR LIGHT DUTY DATES FROM \_\_\_\_\_ TO \_\_\_\_\_  
(MEDICAL UPDATE REQUIRED EVERY 90 DAYS)

IF KNOWN / FIT FOR FULL DUTY DATE \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ PROFESSIONAL DEGREE \_\_\_\_\_ DATE \_\_\_\_\_