

OFFICE CODE

DATE

MEMORANDUM FOR \_\_\_\_\_ (Employee's Name)

SUBJECT: OWCP Temporary Light Duty

1. Based on information provided by Mr/Ms. xxxx 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:
  - a. [list tasks the claimant is assigned to do in accordance with the treating physician's recommended restrictions, either in paragraph form or as bullets].
  - b. i.e. will provide customer service by telephone and provider clerical duties as assigned while physically located at a desk in room 2-XXX.
2. Mr/s. xxxxx may take rest breaks as needed in addition to his/her regularly scheduled work breaks.
3. Based on the limited duty profile, Mr/s. xxxxx should not perform the following tasks at his/her place of duty until cleared by his/her physician to return to full duty. Specifically:
  - a. H/she should not lift more than XX pounds.
  - b. H/she should not engage in reaching overhead with left arm.
  - c. etc
  - d. etc
4. This temporary duty will expire on \_\_\_\_\_ 2011 (give date noted by physician or allow 30 days maximum). At that time Mr/s. xxxx will provide to his/her immediate supervisor updated medical documentation specifying either continued limited duty or clearance for full performance of duties as written by his/her treating physician.
5. POC for this memorandum is the undersigned at 202.782.XXXX.

SUPERVISOR SIGNATURE BLOCK

EMPLOYEE ACKNOWLEDGEMENT:

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

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

cc: Injury Compensation Program Administrator