



UNIFIED FIRE AUTHORITY REQUEST FOR LIGHT DUTY



_____, has requested assignment to a “light duty” position, outside of his/her job classification as a _____. In consideration of this request, please complete the following questions.

Please list any restrictions or tasks that **cannot** be performed by the employee.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Write additional comments on back of form.

Can the employee drive a vehicle? _____ yes _____ no

Can the employee do any lifting? _____ yes _____ no

If yes, lifting up to _____ lbs.

On what date can the employee start light duty? _____

If this employee is placed on light duty, in your opinion, on or about what date will this employee be able to return to full duty? _____

Are you the primary treating physician/clinician in this case? _____ yes _____ no

Are there any medical circumstances of which the Fire Department should be aware, if this employee is extended on “light duty”? _____ yes _____ no

If “yes” please elaborate: _____

Physician/Clinician Signature

Date

DEPARTMENT USE ONLY:

Approved by Command Staff: _____ yes _____ no

Date Light Duty began: _____ **Division Assigned:** _____

Human Resources Signature

Payroll Coordinator Signature