

MEMORANDUM

Date:

To:

From: **Department of General Services**

Subject: Temporary Limited Duty Assignment Denial

This memorandum is to inform you that we have reviewed the medical restrictions specified by your physician. No Temporary Limited Duty is available within _____ that would be medically appropriate given your restrictions and/or limitations.

The options available to you are checked below:

- You may request Workers Compensation/Industrial Disability Insurance benefits.
- You may use your available sick leave/vacation credits.
- You may request catastrophic leave after your available leave credits have been exhausted.
- You may apply for Non-Industrial Disability Insurance.
- You may request a medical leave of absence.
- You may request approved dock if absence is less than 30 days.
- You may return to work provided you have a medical release for full duty.

Please let me know by _____ (5 WORKING DAYS) which option you wish to pursue. If I do not receive your response on or before _____ (5 WORKING DAYS), you might be considered AWOL and/or you might be subject to adverse action.

The option you choose might affect your health, dental, and or vision benefits. Please contact your attendance clerk for information regarding benefit continuation.

If your medical restrictions become permanent, you may wish to request a permanent Reasonable Accommodation. If you have any questions concerning this letter or your options, please call me at _____.

_____, Supervisor

cc: Building Manager
C & P Analyst, OHR
Return to Work Coordinator