

MEMORANDUM

Date:

To:

From: **Department of General Services**

Subject: Temporary Limited Duty Assignment Expiration

Your Temporary Limited Duty Assignment (TLD) assignment is expected to end shortly. You are scheduled to return to full duty as a _____ on _____ as stated by your physician. If an extension of your TLD assignment is necessary, you must provide me with a revised note from your physician indicating the date you will return to full duty.

If all available days of TLD have been exhausted and your condition is not yet permanent and stationary, 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, OHR