



M E M O R A N D U M

Date:

To: (Injured Employee’s Name), (Work Location) – Region  
RESD - Building and Property Management Branch

From: (Supervisor’s Name)  
RESD - Building and Property Management Branch

Subject: Temporary Limited Duty (TLD) Assignment

A Temporary Limited Duty (TLD) Assignment was approved for you based on substantiation provided by your treating physician. The following TLD assignment was developed in accordance with the Injured State Workers’ Assistance Program and your current abilities, restrictions, and/or limitations as outlined by your physician.

**DUTIES:**  
(Fill in duties here, noting restrictions)

**DATES:**  
This assignment will be in effect from (Date) through (Date), Monday through Friday, 8:00 a.m. to 5:00 p.m. (Days and hours will vary, so make this fit your needs)

**LOCATION:**  
On \_\_\_\_\_ please report to me (or other contact person) at Buildings and Property Management, (Address of work site) at (Time). I can be reached by phone at (Phone number).

Please sign and return this memorandum to me acknowledging your receipt and acceptance of this TLD assignment offer. If you are unable to report for work on (Day and Date), you must contact me. If you do not report or make contact, I will assume you are declining this TLD assignment offer, and you will be considered Absent Without Leave (AWOL).

**ACKNOWLEDGEMENT:**  
I acknowledge receipt of this TLD assignment offer. I understand that if I decline, this TLD assignment or if I do not appear for work on (Day and Date), my Non-industrial Disability Insurance (NDI), Workers’ Compensation, Industrial Disability Leave (IDL), sick leave, and/or vacation benefits will be adversely affected and I will be considered AWOL.

**Check Appropriate Box:**

I “accept” this TLD assignment

I “decline” this TLD assignment

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(Employee’s Name)

Date

Attachment (Treating Physician Medical Verification Form)

Cc: Lorretta Simmons, DGS-Workers’ Comp/Return-to-Work Coordinator