

MEMORANDUM

Date: August 17, 2004

To:

From: **Department of General Services**

Subject: Temporary Limited Duty Assignment Approval

Temporary Limited Duty (TLD) has been approved for you based on substantiation provided by your doctor. 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:

DATES/TIME/LOCATION

This TLD assignment will be in effect from _____ through _____ unless terminated prior to that date by the Department of General Services. Extensions will be considered on a case-by-case basis and will require a revised note from your physician that indicates the date you will be returning to full duty.

You are to report to your TLD assignment at the following date, time, and location:

- Date: _____
- Time: _____
- Location: _____

You will report to _____ during your TLD assignment, and will be required to maintain weekly contact with your supervisor, _____. If you are unable to report as directed you must get approval for your absence from your supervisor. Please also advise _____. You may be considered AWOL and/or face adverse action if you do not report as directed or do not obtain approval for any absence. Please also be advised that if you do not report for this TLD assignment as directed, your Non-Industrial Disability Insurance, Workers' Compensation, Industrial Disability Leave, sick leave, or vacation benefits will be adversely affected.

I have read and understand the above.

Employee's Signature

Date

cc: Office
 C & P Analyst, OHR
 Return to Work Coordinator, ORIM