



National Association of Letter Carriers

AFFILIATED WITH AMERICAN FEDERATION OF LABOR & C.I.O.

CHARLES D. DUFFY BRANCH NO. 11- CHICAGO



Branch 11's Headquarters: James E. Worsham Bldg.

LIGHT DUTY ASSIGNMENT Employee's Request

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SHANAYA WALKER

Re: Installation Head/ Light Duty Coordinator
433 W Harrison St
Chicago, IL 60699

This request is pursuant to Article 13.2.A and 13.2.B of the National Agreement and Article 9 of the Chicago District LMOU.

I, _____ request consideration
for a Light Duty Assignment.

_____ Temporary- **See attached Medical Statement from the
Attending Physician /Licensed Chiropractor.**

_____ Permanent- **I further request an appointment with the
Physician designated by the Installation Head or Designee.**

Work Location: _____

Starting Time: _____ NS Days: _____

Route: _____

Home Address: _____

Telephone Number: _____

Email: _____

Employee's Signature

Date

PHYSICIAN OR PRACTITIONER CERTIFICATION

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY:

Patient's Name (PRINTED)

What is the cause of the employee's need for a restricted work assignment, and what parts of the body are affected? (DO NOT INCLUDE DETAILED MEDICAL INFORMATION)

Estimate duration for restriction(s). Give specific date, if known: _____

What was the last date you examined the employee? _____

Please indicate below the patient's ability to perform the following tasks continuously or intermittently, and give the number of hours per day they may perform each task:

ACTIVITY	CONTINUOUS	INTERMITTENT	#HOURS
1. Lifting/ Carrying: (State Max. Weight)	#Lbs.	#Lbs.	
2. Sitting			
3. Standing			
4. Walking			
5. Climbing			
6. Kneeling			
7. Bending/Stooping			
8. Twisting			
9. Pulling/Pushing			
10. Simple Grasping			
11. Fine Manipulation (Includes keyboarding)			
12. Reaching above Shoulder			
13. Driving a Vehicle (Specify)			
14. Operating Machinery (Specify)			
15. Temperature Extremes			
16. High Humidity			
17. Chemical, Solvents, etc. (Identify)			
18. Fumes/Dust (Identify type)			
19. Noise (Give dBA)			
20. Other: (Describe)			

Attach any additional medical information you feel might be helpful in assigning this employee to appropriate duties. _____

Doctor Signature

Doctor's Name (PRINTED) Specialty

Date

Address City and Zip Code

Phone