



## Request for Modified Duty Assistance

*Occupational Injury/Illness, Risk and Safety*

Date of Request: \_\_\_\_\_ Requested By: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Sponsor - Responsible For Oversight of employee: \_\_\_\_\_

Expected Dates Needed for Assignment: From- \_\_\_\_\_ To- \_\_\_\_\_

Expected Times/shift Needed for Assignment: From- \_\_\_\_\_ To- \_\_\_\_\_

Is there any required lifting? (please circle one)

0lbs.      1-5lbs.      6-15lbs.      16-25lbs.      26-50lbs.      Greater than 50lbs.

Is there any standing/walking required?

0 minutes/hour      1-15 minutes/hour      16-30 minutes /hour      31-60 minutes/hour

Is there any climbing required? (Stairs or in/out of trucks)

0 minutes/hour      1-15 minutes/hour      16-30 minutes /hour      31-60 minutes/hour

Is there any computer skills required? (If yes circle required skill)

MS word      MS Excel      Internet Explorer or other search engine      Other

If other please specify: \_\_\_\_\_

Please list any other special needs or requests: \_\_\_\_\_

As the sponsor of Modified Duty assistance I understand that upon completion of the task above I will send the employee to Risk and Safety for their next assignment.

Sponsor Printed Name: \_\_\_\_\_

Sponsor Signature: \_\_\_\_\_ Date: \_\_\_\_\_