



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: _____