

# Facilities Management

## Acknowledgement of Light Duty Restrictions and Assignments

I understand that I must follow all light duty restrictions set forth by my physician. The restrictions are as follows:

\_\_\_\_ Sedentary work: Lifting 10 pounds maximum. Includes occasionally lifting and/or carrying small objects. Involves sitting; a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking, standing is required only occasionally and all other sedentary criteria are met.

\_\_\_\_ Light work: Lifting 20 pounds maximum with frequent lifting and/or carrying objects weighing up to 10 pounds; or requires walking or standing to a significant degree; or requires sitting most of the time but entails pushing and pulling of arm and/or leg controls.

\_\_\_\_ Light/medium work: Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 15-20 pounds; or requires walking or standing to a significant degree; or requires sitting most of the time but entails pushing of arm and/or leg controls.

\_\_\_\_ Medium work: Lifting 50 pounds maximum with frequent lifting and carrying of objects.

\_\_\_\_ Heavy work: Lifting 100 pounds maximum with frequent lifting and carrying of objects weighing up to 50 pounds.

Other specific restrictions:

\_\_\_\_ climbing    \_\_\_\_ kneeling    \_\_\_\_ bending    \_\_\_\_ stooping    \_\_\_\_ repetitive motion    \_\_\_\_ reaching  
\_\_\_\_ grasping    \_\_\_\_ overhead work    \_\_\_\_ twisting    \_\_\_\_ dry environment    \_\_\_\_ other

The modified work restrictions are: \_\_\_\_ Permanent \_\_\_\_ Temporary; expected to last \_\_\_\_ weeks.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Date

I understand that I must participate in the Light Duty Training Program on Blackboard. I understand that I must take the training before I perform my light duty assignments. The Light Duty Committee requires me to take the following training:

- FMOP: Light Duty Program
- Worker's Compensation
- Bloodborne Pathogens- Protect Yourself (Video and PDF)
- Ergonomics: A Weight off Your Shoulders
- Employee Fall Protection
- Eye Protection
- HMIS- Your Right to Know (Hazardous Material)
- Hearing Conservation
- Heat Stress
- Slips, Trips and Falls
- Personal Protective Equipment (PPE)- Part I- Eye, Face and Respiratory Protection
- Personal Protective Equipment (PPE)- Part 2- Hearing and Hand Protection
- Preventive Back Injuries (Video and PDF)
- Other: \_\_\_\_\_

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Date

I agree to the light duty assignments provided for me by my supervisor. When the assignments are complete, I will notify my supervisor.

Light Duty Assignments:

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\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Name

\_\_\_\_\_  
Date