

GREEN BOOK: ARTICLE 31. TEMPORARY LIGHT DUTY

Section 1. Purpose

This Article identifies the procedures for requesting temporary light duty assignments. Temporary light duty assignments are for non-job related injuries that are temporary in nature and expected to be of short duration (normally, less than ninety (90) days). Employees may request an extension, if necessary. Temporary light duty assignments incorporate duties that are within the specific medical restrictions for an employee. These procedures are separate and distinct from the procedures for requesting reasonable accommodation or for worker's compensation (job related injury or illness).

The denial of reasonable accommodation, in and of itself does not prevent an employee from requesting temporary light duty under this Article.

Section 2. Privacy of Information

- A. The employee will provide the following information when requesting temporary light duty:
 - 1. The general nature of the condition requiring temporary light duty;
 - 2. The anticipated duration for the need for temporary light duty;
 - 3. Any work restrictions or other changes in working conditions required by the temporary condition; and/or
 - 4. The likelihood of sudden incapacitation.
- B. The Employer's handling of medical records submitted pursuant to this Article will be handled according to the provisions of Article 35 Personnel Records, Section 3.

Section 3. Procedures for Requesting Temporary Light Duty

- A. General
 - 1. Requests or requests for extensions for temporary light duty will be made in writing to the employee's supervisor or manager.
 - 2. Requests for temporary light duty must be accompanied by relevant medical documentation. The medical documentation is only required

to contain the information in Section 2A of this Article. In specific instances where the reason for the request is obvious the supervisor may accept the Request for Light Duty completed by the employee.

3. If the employee does not provide any medical documentation or if the medical documentation is insufficient, then the request will be returned to the employee and the information necessary to respond to the request will be identified.
 4. The employee will have two (2) weeks to submit any additional medical information requested. Upon written request from the employee the period of time to provide additional medical documentation will be extended provided there is good cause shown.
- B. Until such time as a decision has been made on the request for temporary light duty, the employee may request:
1. Sick leave, annual leave or leave without pay; or
 2. Temporary work within his/her medical restrictions for a period not to exceed thirty (30) calendar days or until a decision is made on the request for temporary light duty.
 3. The Employer will provide a decision on the request for temporary light duty within thirty (30) days from the date of receipt of the request from the employee. The decision will contain the reason(s) the decision was made and the name and title of the deciding official.
- C. The employee has fourteen (14) days from the date of receipt of the decision on the request for temporary light duty to appeal an adverse decision to the Regional Director, or designee for review of the decision.

Section 4. Grievance and Appeal

An employee who has been denied a request for temporary light duty may file a grievance in accordance with Article 16 Grievance Procedure.

REQUEST FOR TEMPORARY LIGHT DUTY

Personal medical information provided to the Government is strictly controlled under the Privacy Act.

This form is to be completed by the employee's physician when requesting temporary light duty. Temporary light duty is for a non-job related injury that is temporary in nature and expected to be of short duration.

Name of Employee: _____

1. Please identify the general nature of the condition requiring temporary light duty:

2. Please identify the anticipated duration for the need for temporary light duty:

3. Please identify any work restrictions or other changes in working conditions required the temporary condition:

4. Please indicate whether there is the likelihood of sudden incapacitation:

Signature of treating physician

Date