



HUMAN RESOURCES DEPARTMENT

435 RYMAN STREET • MISSOULA, MT 59802-4297 • 406-552-6130 • departmenth@ci.missoula.mt.us

Temporary Alternative Duty Assignment

We have received a Physician's Medical Status form/release from Dr. _____ dated, _____ which states that you are able to return to work with restrictions. A copy of the Medical Status Form is attached to this letter.

Dr. _____ has released you to return to work with the following restrictions:

We have a temporary position available for you that will accommodate the restrictions under which the physician has authorized you to return to work. The temporary position being offered to you will include (but is not limited to) the following duties:

Be assured we will only assign tasks consistent with your physical abilities, knowledge and skills and will provide training if necessary.

Please be aware that failure to report to work could result in suspension or termination of Workers' Compensation (WC) benefits if this light duty is the result of a WC injury. Please let me know if you have any questions.

Sincerely,

Mike Brady
Safety and Risk Manager
406-552-6278



HUMAN RESOURCES DEPARTMENT

435 RYMAN STREET • MISSOULA, MT 59802-4297 • 406-552-6130 • departmenth@ci.missoula.mt.us

Please check the appropriate spot either accepting or refusing the assignment. Return this completed form to Human Resources immediately. Failure to return this form within 5 days may be construed as a refusal of the offered position.

I ACCEPT the Temporary Alternate Duty position being offered to me.

I REFUSE the Temporary Alternate Duty position being offered to me and acknowledge that my benefits could be suspended or denied due to noncompliance.

Employee Signature: _____ Date: _____

Division Head Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Enclosures: Temporary Alternative Duty Assignment Letter; Physician's Work Status Form/Release