

Request for Light Duty for **Non-Bargaining** Employees

To: _____
Department

Date: _____

From: _____
Employee Name

This request must be completed by a Merit Employee who is requesting light duty pursuant to Montgomery County Personnel Regulations Section 8-7(h)(1)(2)(A-C). The completed form must be submitted to the employee's supervisor along with a copy of the Health Status Report from Occupational Medical Services indicating that the employee is temporarily unable to perform his/her regular duties due to medical reasons. The department must return this request for light duty form within five (5) working days to the Disability Program Manager, Office of Human Resources, 27 Courthouse Square #184, Rockville, Maryland.

Name: _____

Last 4 digits of SSN: _____

Address: _____

Phone: _____

Department: _____

Current Position: _____

Supervisor: _____

Supervisor Phone: _____

Employee Signature

Date

DEPARTMENT RESPONSE

Available Full Time Part Time

Not Available Refer to Light duty Committee

Comments: _____

Supervisor's Signature

Date

A copy must be sent to the Disability Program Manager within 5 business days.

dpm@montgomerycountymd.gov