

Light Duty Request – Employee Skills/Experience

Employee Name:	Date:	
Daytime Phone:	Personal Email Address:	
Current Department	Current Position	
Dates Requested: start date	expected date	(up to 6 month max)
Experience: (check all that apply)	(Please print clearly)	
Computer:		
☐ Microsoft Outlook Basic	IntermediateAdvanced	
☐ Microsoft Word Basic _	IntermediateAdvanced	
☐ Microsoft Excel Basic	IntermediateAdvanced	
☐ Microsoft Power Point B	Basic IntermediateAdvanc	ed
☐ Customer Service - Answering phones	s, drafting correspondence	
☐ Administrative - Copying, Scanning, Fa	axing, Filing, Sorting/Distributing Ma	il, Appointment scheduling
☐ Accounting/Bookkeeping, Accounts p	ayable / receivables	
☐ General Labor - facilities maintenance	e / repair	
☐ Systems Analysis		
Fluent languages		
Please provide a summary of your experi	ence on the items checked above:	
*Note: Regular attendance is required up procedures must be followed. The host d assignment if there are excessive absence	epartment can request the removal	
Employee Signature	Date	

Email Completed form to dpm@montgomerycountymd.gov or fax to 240-777-5186