



**RETURN TO WORK TEMPORARY DUTY ASSIGNMENT -
LIGHT/MODIFIED/ALTERNATE DUTY
POSITION REQUIREMENTS WORKSHEET**

Temporary RTWDA Position Title: _____

Temporary RTWDA is (click ONE): Light Modified Alternate Duty

Date of Injury/on set of illness: _____

Date: _____

Completed by (Supervisor): _____

Employee: _____

Description of Temporary RTW Duty Assignment:

TO BE COMPLETED BY THE RTWDA POSITION SUPERVISOR AND REVIEWED WITH THE EMPLOYEE. ATTACH A COPY OF THE AUTHORIZED MEDICAL PROVIDER'S DUTY RESTRICTIONS.

The above position is considered (click the One which best applies).

Sedentary Work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

Light Work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.

Medium Work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.

Heavy Work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds.

Based on the attached medical provider's duty/task restrictions the assigned RTWDA position will involve the performance of the following tasks/duties to the extent/frequency indicated:

O = Occasionally (1-33%), F = Frequently (34-66%), C = Constantly (67-100%),

R = Totally Restricted, employee should not perform this task or this task is not required to accomplish the requirements of the RTWDA

	Occasionally (1-33%)	Frequently (34-66%)	Constantly (67-100%)	Restricted (Not at all)
Climbing:	_____	_____	_____	_____
Balancing:	_____	_____	_____	_____
Bending	_____	_____	_____	_____
Stooping:	_____	_____	_____	_____
Kneeling:	_____	_____	_____	_____
Crouching:	_____	_____	_____	_____
Crawling:	_____	_____	_____	_____
Reaching:	_____	_____	_____	_____
Standing:	_____	_____	_____	_____
Walking:	_____	_____	_____	_____
Pushing:	_____	_____	_____	_____
Pushing no more than _____ pounds.				
Pulling:	_____	_____	_____	_____
Pulling no more than _____ pounds.				
Lifting:	_____	_____	_____	_____
Lifting no more than _____ pounds.				
Fingering:	_____	_____	_____	_____
Grasping:	_____	_____	_____	_____
Repetitive motions:	_____	_____	_____	_____
Talking:	_____	_____	_____	_____
Hearing:	_____	_____	_____	_____

Comments (include restrictions not included above):

VISUAL DEMANDS (Circle the One which best applies)

A. Clerical, Administrative, Machine Operators (including inspection), Inspection, Close assembly: Minimum standard for those whose work deals largely with preparing and analyzing data and figures, accounting, transcription, computer terminal, extensive reading, visual inspection involving small defects, small parts, operation of machines (including inspection), using measurement devices, assembly, or fabrication of parts at distances close to the eyes.

B. Mechanics, Skilled Tradespeople, Machine Operators (without inspection): Minimum standard for those whose work deals with machines such as lathes, drill presses, power saws, and mills, where to seeing job is at or within arm's reach. Also, mechanics and skilled tradespeople and those who do work of a non-repetitive nature such as carpenters, technicians, service people, plumbers, painters, mechanics, etc.

C. Mobile Equipment Operators: Minimum standard for those who operate cars, trucks, forklifts, cranes, and high lift equipment.

D. Other: Minimum standard based on criteria of accuracy and neatness of work for housekeepers and dining services staff.

The supervisor and employee have jointly reviewed the above task/duty requirements and restrictions, and understand and agree to comply with the above restrictions.

This temporary return-to-work assignment expires _____, at which time it may be reviewed for possible extension.

Supervisor's signature/date: _____

Employee's signature/date: _____

Reviewed by (HR RTW Coordinator) signature/date: _____