



Transitional Duty Guidelines Form

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To be completed by the employee's Physician when returning to work following an injury or illness and submitted to the County Officer/Department Head.

Employee Name: _____ Dept. _____

Social Security Number: _____ Date of Injury: _____

Description of Injury/Illness: _____

-----The following must be completed by Physician-----

1. _____ Fit for Duty (no restrictions), effective date: _____

2. _____ Restriction until (date): _____

Details of Restriction: _____

Considering these restrictions, can the employee be assigned to one of these following forms of Transitional Duty? If so, please check the one that best suits the type of work the employee can perform according to his/her injury.

Medium Work; May require occasional lifting up to 50 lbs., carrying loads up to 20 lbs., frequent tasks involving standing, walking, sitting.

Light Work: May require lifting up to 20lbs., some walking, standing, and/or pushing or pulling. Majority of work is sedentary.

Semi-Sedentary Work: May require lifting light items up to 10 lbs., sitting, minimal walking, answering phones.

Sedentary Work: Sitting, answering phones, computer work.

Cannot be assigned transitional duty at this time for a duration of _____ days.

3. Date of next evaluation: _____

4. Projected date Employee could be returned to Full Duty: _____

Attending Physician Date

Address Phone Number