Temporary Alternative Duty Assignment Date:_____

Dear_____:

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 From 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 benefits and may also be classified as job abandonment resulting in possible termination. Please let me know if you have any questions.

Sincerely, _____

Angela Swingley

Risk Manager, City of Great Falls

406 455-8446

Fax 406 727-0005

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

☐ I **ACCEP**T 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.

*Refusal may also be classified as job abandonment resulting in possible termination of employment.

Employee Signature: _____ Date: _____

Division Head: _____ Date:_____

Department Head _____ Date:_____

Enclosure: Temporary Alternative duty Assignment Letter, Physician's Work Status form/release