

## **Sample Light Duty Acknowledgement Form**

This form should be used when the employee return to work to review the light duty position.

- Review the job duties with the injured employee.
- Review the restrictions with the supervisor.
- Ask the employee to sign the Acknowledgement Form.

## Light Duty Acknowledgement

Employee Name: \_\_\_\_\_

Date of Accident: \_\_\_\_\_

Date released to return to work: \_\_\_\_\_

Light duty  Regular Position Y  N

Relocated Employee to: \_\_\_\_\_  
(Add Department or Area)

Number of hours allowed to work: \_\_\_\_\_ Schedule: \_\_\_\_\_

Restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Light duty job: \_\_\_\_\_  
(Add the name of the position – i.e.: front desk clerk)

Light duty job description was reviewed during this meeting:   
Physician's approval obtained: Y  N  Pending

I acknowledge that the above light duty position including my restrictions were reviewed with me when I returned to work.

EMPLOYEE NAME (Print): \_\_\_\_\_

EMPLOYEE'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

I have instructed the above-named employee on the light duty position, the safety requirements and the restrictions that he/she must adhere to until a full release is obtained from the treating physician.

SUPERVISORS NAME: \_\_\_\_\_

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Return a copy of the signed acknowledgement to the Human Resources Department  
Form must be completed before the employee is allowed to start light duty job assignment