



February 9, 2007

MANAGERS, HUMAN RESOURCES (AREA)  
MANAGERS, LABOR RELATIONS (AREA)

SUBJECT: Light Duty Standard Operating Procedure

The attached *Light Duty Protocols* have been established as part of our National Reassessment Process (NRP). Effective administration of light duty, in a manner consistent with applicable collective bargaining agreements and LMOU provisions is an important part of the NRP. The Occupational Health Office will ensure timely and accurate data are available for managers who make decisions concerning requests for temporary or permanent light duty. These protocols are to be implemented in a manner consistent with collective bargaining agreements, applicable LMOU provisions, and Postal Service policy. The eRMS light duty enhancement, scheduled for release on February 20, 2007, will facilitate the use of this protocol in the local offices.

Please ensure that this information is disseminated to management personnel responsible for light duty administration in your area. If you have any questions concerning this matter, contact Zana Dakroub at (202) 268-6170.

A handwritten signature in black ink, appearing to read "A.J. Johnson".

A.J. Johnson  
Manager  
Labor Relations Policy & Programs

Attachments

## **LIGHT DUTY PROTOCOLS**

### **Existing Light Duty Assignments**

The Installation Head or designee should identify all employees currently in Light Duty assignments in the office. If the employee's medical statement is not current the employee must provide a medical statement from a licensed physician or a written statement from a licensed chiropractor. This documentation should include, when possible, the anticipated duration of the convalescence period. Employees agree to submit to a further examination by a physician designated by the Installation Head, if that official so requests.

This documentation, along with the date of initiation of the Light Duty assignment, is to be forwarded to the Occupational Health Office for tracking and filing in the Employee's Medical File. Failure to submit updated medical information may result in denial of the continued Light Duty assignment.

The Occupational Health Office personnel should review all new medical documentation and benchmark the information against established occupational medicine standards. The Installation Head or designee, after working with the Occupational Health Office and ensuring compliance with Article 13 of the National Agreement and any Local Memoranda of Understanding, should initiate the appropriate action regarding the current assignment. The determination of approval or denial of Light Duty must be provided in writing to the employee. The expiration date of the Light Duty assignment should be incorporated in this document with instructions to the employee about the requirement to provide updated medical information to support continuation of Light Duty prior to the expiration date.

All employees in current Light Duty assignments should be entered into the District Light Duty tracking system. The supervisor, Installation Head or designee must provide the Occupational Health Office with the required information as indicated in the tracking sheet (Employee Name, Employee ID, Installation Name, Position Title, and Work Location/Tour). This tracking system should include the date of initiation of the Light Duty assignment, the expiration date, and the responsible supervisor's name and phone number.

### **New Requests for Temporary Light Duty Assignments**

Every request for temporary Light Duty must be submitted in writing to the employee's Installation Head and must be accompanied by a medical statement from a licensed physician or a written statement from a licensed chiropractor with the anticipated duration, when possible, of the Light Duty assignment.

The Installation Head or designee must determine the availability of temporary Light Duty work within the office in accordance with Article 13 and Local Memoranda of Understanding requirements and provide a written response to the employee, either approving or denying the request. If approved, the response should outline the work assignment and duration of approved Light Duty. Denial letters should outline the reason for denial. Both letters must be signed by the Installation Head. The Supervisor is responsible for tracking the expiration date of each employee's Light Duty assignment and for notifying each employee of the expiration date.

All medical documentation along with the approval or denial letters is to be forwarded to the Occupational Health Office for tracking and placement in the Employee's Medical Folder (per Management Instruction EL-860-98-2). The Occupational Health Office will assist the supervisor, Installation Head or designee by reviewing the medical documentation to benchmark the request against established occupational medicine principles. If medical restrictions or duration of the request are questioned, the Occupational Medical personnel should submit questions to be addressed by the employee's treating provider and the employee should be informed that a determination about the request cannot be provided until such questions are answered. The occupational medical personnel may contact the employee's treating provider for clarification only after obtaining a written release from the employee. Light Duty assignments should be terminated if the employee fails to provide acceptable updated medical documentation.

The Occupational Health Office will establish a tracking process for all Light Duty assignments in the District, which includes both approved and denied requests. The supervisor, Installation Head or designee must provide the Occupational Health Office with the required information as indicated in the tracking sheet (Employee Name, Employee ID, Installation Name, Position Title, and Work Location/Tour). Approved requests should include the initial assignment date, expiration date, and responsible supervisor, Installation Head or designee with phone number. The tracking file report should be submitted to the Installation Head or designee at the end of each pay period.

When the Light Duty assignment expires the employee must return to regular duty or submit new medical documentation supporting the need for continuation of Temporary Light Duty. The employee's Light Duty assignment should be terminated if the employee fails to provide requested medical documentation. All requirements of written response by the Installation Head and review by occupational medical personnel continue to apply when continuation of Temporary Light Duty is requested.

### **District Reasonable Accommodation Committee (D-RAC)**

If medical documentation indicates that the employee's medical condition mandates permanent restrictions or that the condition may be a qualifying disability under the Rehabilitation Act the Supervisor or Installation Head or designee should be notified so a referral to the District Reasonable Accommodation Committee (D-RAC) can be initiated.

### **New Requests for Permanent Light Duty Assignments**

Employee requests for Permanent Light Duty must be submitted in writing and shall be accompanied by a medical certificate from a physician designated by the Installation Head giving full evidence of the physical condition of the employee, the need for reassignment, and the ability of the employee to perform other duties. The Installation Head or designee will determine the availability of Permanent Light Duty assignments within the office pursuant to the requirements of Article 13 of the National Agreement and Local Memoranda of Understanding. If the request is approved, the Installation Head or designee will provide a written response to the employee, outlining a task assignment. If the request is denied the Installation Head should initiate a discussion with the employee explaining options including a request for reasonable accommodation through referral to the District Reasonable Accommodation Committee (D-RAC) and provide a written denial response to the employee. The Installation Head must sign both letters.

All medical documentation and the approval or denial letter must be submitted to the Occupational Health Office for tracking and placement in the employee's medical file. The Occupational Health Office will assist the Installation Head or designee by benchmarking the submitted medical documentation against established occupational medicine principles. Permanent Light Duty assignments should be entered in the Light Duty tracking system.

02/08/2007

bcc: Mr. Tulino  
Mr. Johnson (LRPP2007-31)  
Mr. Daigneault  
Mr. Demarco  
Mr. Dockins  
Mr. Evans  
Ms. Hayden  
Ms. Martin  
Mr. Rachel  
Mr. Henderson  
Mr. McGovern (Mgr Injury Compensation)  
Mr. Anderson (Programs Mgr Resource Management)  
Reading: ZDakroub

DocID:Dakroub:HQLDSOP11:mjt:02/09/2007

## NRP Phase 1, Step 8

### Responsible Team Member(s):

- District Labor Relations staff
- District Medical staff

### Action – Initiate Light Duty SOP and Tracking

- The District Labor Relations staff will ensure a Light Duty SOP is in effect. if not, one must be implemented. The SOP must include that all light duty decisions and medical documentation are sent to Medical to be tracked on the light duty workbook. (NRP P1\_p44 lightduty workbook.xls)
- The District Medical staff must complete the light duty tracking when information is received.
- Periodic reviews must be completed to ensure tracking information is current.

### Outcome:

- All employees in the District, working light duty, will be identified and tracked.
- Phase 1 Checklist – Step 8 has been updated.

## Light Duty Process Key Elements

### Establishment of Light Duty Tracking Process (capturing existing light duty assignments)

- Announcement of the Light Duty SOP should include an "All Employee" stand-up" talk describing the established District Light Duty Process
- Request a list of Light Duty employees from all District installations.
- Request a copy of all medical documentation (approval, denial, and medical documentation) for identified current Light Duty employees.
- The Occupational Health Office will establish a District Light Duty Tracking file of all Light Duty assignments. Tracking must include an Active and YTD list.

At a minimum the Light Duty tracking file should include the following data:  
Installation name; employee name; employee craft; start date; end date; DRAC (person with a disability), and updated medical needed.

- All changes in Light Duty status (e.g.: assignment expiration or termination, change in work capacity level based on newly submitted medical documentation), must be forwarded to the Occupational Health Office so that the Light Duty Tracking file can be updated and kept current.
- All medical documentation submitted by employees to management for Light Duty assignments must be forwarded to the Occupational Health Office following the initial determination by the Installation Head or designee.
- Occupational Health Office personnel will provide a District wide bi-weekly/pay period report (Active and YTD list) to the Installation Head or designee.

A cover letter should accompany the bi-weekly/pay period list highlighting areas of importance to the recipients. For example: updated medical needed – employee has not provided adequate medical documentation to continue in this light duty assignment, expiration of light duty questionable – need confirmation of continuation or termination of light duty, etc.)

- It is recommended that all District functions involved in the Light Duty SOP should meet monthly to discuss SOP process flows, review cases exceeding expected duration, and to make enhancements where appropriate.
- Periodically, District Senior Management should remind all installations of the need to follow the Light Duty SOP. This announcement can show the number of District Wide active and YTD Light Duty assignments and highlight areas needing improvement in the SOP (e.g.: reporting new light duty requests, advising Medical function of light duty termination, etc.)

## Light Duty Process Key Elements

### Ongoing Light Duty Process (new requests for Light Duty)

#### Process

- All employee requests for Light Duty must follow the established District Light Duty process. All requests must be in writing.
- Light Duty requests must include medical documentation from the employee's physician describing specific medical restrictions for the non-occupational injury/illness and an expected duration of the Light Duty.

#### Availability of Light Duty

The installation head or designee will make an initial Light Duty decision regarding the availability of Light Duty.

#### Light Duty is available:

The installation head or designee must inform the employee in writing (with a copy to the Occupational Health Office) of the decision regarding the Light Duty request. This notification should include a statement outlining the tasks the employee is to perform, the duration of the Light Duty assignment, and the requirement for updated medical documentation if an extension of that assignment is requested.

If the duration of the Light Duty is not included in the documentation from the employee's physician, the employee should be informed that the Occupational Health Office will provide an expected duration of the light duty assignment based on the reported injury/illness. Continuation of the Light Duty assignment without additional medical documentation from the employee's physician is not acceptable. Management must decide whether to allow continuation of Light Duty on a case by case basis.

All medical documentation must be forwarded to the Occupational Health Office to guarantee that proper recordkeeping procedures are followed. Medical documentation must not be kept in any file system outside of the Occupational Health Office. The responsibility for all medical documentation (for on the job injuries and non-on the job injuries) is the District Occupational Health function.

#### Light Duty is not available/denied:

The installation head or designee must inform the employee in writing (with a copy to the medical function) of the decision that Light Duty was not available/denied.

All medical documentation must be forwarded to the Occupational Health Office to guarantee that proper recordkeeping procedures are followed by adding no Light Duty available/denied decisions to the tracking workbook.



## Light Duty Process Key Elements

### Medical Unit Responsibility

Upon receipt of Light Duty documentation, the Occupational Health Office will update the Light Duty tracking file. If Light Duty has been provided, the "Active" list will be updated. If Light Duty was not available/denied, the "YTD" list will be annotated. The Occupational Health Office will provide a bi-weekly/pay period report (Active and YTD list) to District Management of all Light Duty assignments.

Medical documentation (Light Duty available and Light Duty not available/denied) for all cases will be reviewed by the Occupational Health Office for completeness and objectivity.

The Occupational Health Office will inform management immediately if medical documentation is not adequate.

If medical documentation indicates that the employee's medical condition will mandate permanent restrictions or may be a qualifying disability under the Rehab Act the Occupational Health Office should initiate a case referral to the D-RAC for review.

If the medical documentation does not include a specific duration, the Occupational Health Office will advise the management of the expected duration of the light duty assignment based on the reported injury/illness. If the Occupational Health Office cannot determine the expected duration of the light duty assignment, they will inform the management of the need to obtain medical clarification from the employee. The Occupational Health Office will prepare correspondence to be sent to the employees' physician if necessary.



**Margaret L. Sellers P & DC**  
**LIGHT DUTY REQUEST OFF-THE-JOB INJURIES**

**EMPLOYEE MUST GIVE THIS FORM TO ATTENDING PHYSICIAN FOR COMPLETION**

**To: Attending Physician**

**Our employee has requested a temporary light duty assignment. To properly make such an assignment, it is necessary to have detailed information concerning the employee's physical capabilities. Please complete the information below.**

**EMPLOYEE'S NAME** \_\_\_\_\_

**NATURE OF PROBLEM** \_\_\_\_\_

**RESTRICTIONS (If any)** \_\_\_\_\_

- |   |            |            |               |                     |
|---|------------|------------|---------------|---------------------|
| 1. MAY LIFT   | 20 LBS ( ) | 30 LBS ( ) | 50 LBS ( )    | 70 LBS ( )          |
| 2. MAY WALK   | 2 HRS ( )  | 4 HRS ( )  | 6 HRS ( )     | NO RESTRICTIONS ( ) |
| 3. MAY STAND  | 2 HRS ( )  | 4 HRS ( )  | 6 HRS ( )     | NO RESTRICTIONS ( ) |
| 4. MAY REACH  | YES ( )    | NO ( )     | LIMITED _____ | (EXPLAINED)         |
| 5. MAY DRIVE  | YES ( )    | NO ( )     | LIMITED _____ | (EXPLAINED)         |
| 6. LIMITED BENDING / STOOPING   | YES ( )    | NO ( )     |               |                     |
| 7. MAY WORK _____ HOURS PER DAY FOR _____ DAYS PER WEEK                                     |            |            |               |                     |
| 8. WITHIN THESE LIMITATIONS, THIS EMPLOYEE MAY WORK SAFELY WITHOUT HAZARD TO SELF OR OTHERS | YES ( )    | NO ( )     |               |                     |

**ADDITIONAL RESTRICTIONS (NOT IDENTIFIED)** \_\_\_\_\_

**9. EMPLOYEE SHOULD BE ABLE TO RETURN TO FULL CONDITION OF EMPLOYMENT ON: PROVIDE DATE:** \_\_\_\_\_

**LIGHT DUTY SHOULD BEGIN EFFECTIVE: DATE** \_\_\_\_\_

**PHYSICIAN'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PHYSICIAN'S NAME (PRINT)** \_\_\_\_\_ **PROFESSIONAL DEGREE** \_\_\_\_\_

**ADDRESS / MEDICAL OFFICE** \_\_\_\_\_

**TELEPHONE: ( )** \_\_\_\_\_

**\*\*\*This is an administrative form only. It is to be used only for determining job tasks and should not include medical diagnosis or prognosis. Only bio-mechanical restrictions should be given.**

Postal Service employee's medical records are covered by the Privacy Act (Privacy Act Systems of Records, System USPS 120.090, Administrative Support Manual (ASM) 353, and 5 U.S.C. 552a). Any medical information, whether written or verbal, must be kept confidential and not disclosed to any person not authorized to receive the information.

The below requested information is used to enable supervisors to schedule employees within their work restrictions. Completion of this form is voluntary; however, if the information is not provided, Postal management may be unable to schedule appropriate work assignments

**U.S. Postal Service**

**LIGHT DUTY WORK ABILITY EVALUATION— to be completed by Physician**

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_

Employee Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**MEDICAL LIMITATIONS/RESTRICITONS** (No entry needed if unlimited)

PHYSICAL ACTIVITY	LIMITS PER HOUR	HOURS PER SHIFT
Lifting Up to ___ LBS	repetitions	
Carrying Up to ___ LBS	minutes	
Pushing Up to ___ LBS	minutes	
Pulling Up to ___ LBS	minutes	
Reaching below shoulder	repetitions	
Reaching above shoulder	repetitions	
Simple grasping	minutes	
Keyboarding/fingering	minutes	
Standing (stationary)	minutes	
Walking	minutes	
Climbing stairs or ladders	minutes	
Kneeling/squatting	repetitions	
Bending/stooping	repetitions	
Twisting (trunk)	repetitions	
Sitting	minutes	

Operating \_\_\_ motor vehicles or \_\_\_ machinery is prohibited due to:  
 \_\_\_\_\_ Impaired Vision      \_\_\_\_\_ Medication      \_\_\_\_\_ Other

Other restrictions or explanation of any restrictions:

Anticipated Date of Return to Full Duty \_\_\_\_\_ or Permanent \_\_\_\_\_

Date of this exam: \_\_\_\_\_ Date of next exam: \_\_\_\_\_

Physician's Stamp (name/address/phone) \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Please provide supporting medical documentation on a separate page and FAX both documents to USPS Health Administration Office at ( )

# OFFER OF LIGHT DUTY

**Privacy Act Statement: The collection of this information is authorized by 39 U.S.C. 401 and 1001. The information is used to enable supervisors to schedule employees within their work restrictions. This light duty assignment has been prepared and is offered to you in accordance with the guidelines outlined in Article 13 of the National Agreement. If you have any questions regarding this matter, please contact your Installation Head.**

\_\_\_\_\_  
Employee Name SSN \_\_\_\_\_

\_\_\_\_\_  
Employee Address Home Phone \_\_\_\_\_

\_\_\_\_\_  
Work Location Work Hours Off Days \_\_\_\_\_

\_\_\_\_\_  
Position Title OCC Code \_\_\_\_\_

\_\_\_\_\_  
Supervisor Office Phone \_\_\_\_\_

\_\_\_\_\_  
Effective Date Expiration Date \_\_\_\_\_

The duties of this Light Duty Assignment will consist of: Average time Spent LDC/OPN

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

(Provide attachment if additional space is necessary. Other duties as assigned is NOT acceptable.)

The physical requirements of this Light Duty Assignment are: Average Time Spent

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

(Provide attachment if additional space is necessary.)

\_\_\_\_\_  
Name of Supervisor/Manager completing worksheet (Print) Office \_\_\_\_\_

\_\_\_\_\_  
Signature of Installation Head phone Number \_\_\_\_\_

\_\_\_ I accept/ \_\_\_ I reject the Light Duty Assignment offer. (EXPLAIN) \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature Date \_\_\_\_\_