



Description of Transitional Work Assignment Worksheet

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|---|--|----------------|
| Employee | Claim No | Date of Injury |
| Employer | | Today's Date |
| Information Received From | | Title |
| Proposed Work Days | Proposed Work Hours | |
| Date Temporary Limited Duty Assignment is Available | Proposed Duration of Temporary Limited Duty Assignment | |

Summary of Job Duties:

PHYSICAL DEMANDS

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|---|---|
| 1. SITTING (Percentage of time or hours per day? Surface? Foot Controls) | <div style="text-align: center;"> Hours at a time .1 .25 .5 1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total Hours in 8-Hour Day .1 .25 .5 1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> |
| 2. STANDING (Percent of time or hours per day? Surface? Foot Controls) | <div style="text-align: center;"> Hours at a time .1 .25 .5 1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total Hours in 8-Hour Day .1 .25 .5 1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> |
| 3. WALKING (Percent of time or hours per day? Surface? Distance?) | <div style="text-align: center;"> Hours at a time .1 .25 .5 1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total Hours in 8-Hour Day .1 .25 .5 1 2 3 4 5 6 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> |
| 4. Can worker change positions frequently? Occasionally? Never? | |
| 5. LIFTING (Weight? Type of Object? Overhead lifting? Frequency?) | |
| 6. CARRYING (Weight? Type of Object? Frequency? Distance?) | |
| 7. PUSHING/PULLING (Weight? Type of Object? Time per hour? Distance?) | |
| 8. REACHING/HANDLING (Right/Left or both? Use of hands for repetitive fine manipulation? Distance? Overhead reaching? Frequency?) | |
| 9. BENDING/SQUATTING (Frequency? From waist? Knees? Duration?) | |



PAGE 2: DESCRIPTION OF TEMPORARY DUTY WORKSHEET (CONT)

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| 10. TWISTING (From what body part? Frequency? How far? Work being done?) |
| 11. CLIMBING (Height? Slope? Number of steps? Frequency? On what? Ladder?) |
| 12. CRAWLING (Surface? Frequency? Distance?) |
| 13. MACHINES/TOOLS/EQUIPMENT used as part of the job. |

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|--|-------|
| EMPLOYER CONFIRMATION: NAME OF CONTACT | DATE: |
| EMPLOYEE'S SIGNATURE: | DATE: |

PHYSICIAN APPROVAL OF TEMPORARY LIMITED DUTY TASKS

| | |
|------------------|-------|
| Date of Release: | |
| Comments | |
| Physician Name | |
| Signature | DATE: |