



# Salt Lake City Corporation

## Salt Lake City Fire Department

### Firefighter TRANSITIONAL (LIGHT DUTY) Release

*This form is required before an employee may return to work. If this form is not submitted, return to work may be delayed until it is provided.*

#### Employee Information:

Patient Name:	Dr. Name:
Phone:	Phone:
Supervisor:	Address:

#### To be completed by employee's health care provider:

This employee is released to return to work on: \_\_\_\_\_ (date) with the following restrictions: \_\_\_\_\_

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These restrictions are in place until: \_\_\_\_\_ (date)

Patient Signature:	Date:
Dr. Signature:	Date: