



# Salt Lake City Corporation

## Salt Lake City Police Department

### Police Officer Modified (Light) Duty Release for Off-the-Job Injuries

*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: \_\_\_\_\_

Assessment of the nature and probable duration of the illness/injury:

\_\_\_\_\_  
\_\_\_\_\_

Prognosis for recovery or ability to return to full duty:

\_\_\_\_\_  
\_\_\_\_\_

Please list any recommended workplace accommodations, mobility aids, or medical devices:

\_\_\_\_\_

This employee can safely perform a light duty assignment      Yes       No

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

Patient Signature:	Date:
Dr. Signature:	Date: