



Salt Lake City Corporation

Salt Lake City Police Department

Police Officer Transitional (Light) Duty Release for On-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: