



BALTIMORE COUNTY LIGHT/MODIFIED DUTY REQUEST FOR EXTENSION

The employee's department head must receive this form no later than 60 days prior to expiration of the employee's current light/modified duty assignment.

Employee's Name & ID #: _____

Type of Injury: (select one)	work related	non-work related
Position #:		
Agency/Department:		
Original Classification Title:		
Modified/Light Duty Classification Title (if applicable):		
Entry Date:		
Start Date of Current Light/Modified Duty Assignment:		
Scheduled End Date of Current Light/Modified Duty Assignment:		
Proposed End Date of Light/Modified Duty Extension:		

Employee Certification:

I understand that in accordance to Personnel Manual Section 9.13, a Light/Modified Duty assignment is temporary. If this request is approved, I understand that:

- I may be required to meet with the County Administrative Officer (CAO) either in-person or virtually, at the CAO's discretion, and the particulars of the meeting will be issued with the determination of this request;
- I must continue to timely submit all reporting requirements documentation;
- I will be considered "red circle", which precludes me from receiving any salary increases (except for longevity increases, if applicable), including but not limited to Cost-of-Living Adjustments; and
- I may be assigned to another position, another classification, or another agency and if I am unwilling to accept, I may be ineligible for Light/Modified Duty under Workers Compensation, ADA, or FMLA.

Employee's Signature: _____

Date

DEPARTMENT'S RECOMMENDATION (To be completed within 15 calendar days of receipt of request)

Support

Not Support

Signature: _____

Date

Employee's Name & ID #: _____

RETIREMENT SYSTEM USE ONLY (To be completed within 5 calendar days of receipt)

DROP Date: _____

Check if not applicable: _____

Printed Name

Signature

Date

OFFICE OF LAW USE ONLY (To be completed within 10 calendar days of receipt)

I have attached a copy of the aforementioned employee's Worker's Compensation records, if any

Name: _____

Email Address: _____

Telephone #: _____

Signature: _____
Date

CAO OR DESIGNEE:

Approve

Disapprove

Comments (if any):

Signature: _____
Date

CEO OR DESIGNEE:

Approve

Disapprove

Comments (if any):

Signature: _____
Date