

## UNITED STATES POSTAL SERVICE

Washington, DC 20260

**DATE:** January 13, 1993

**OUR REF:** ER250:LBAnderson:tea:20260-4232

**SUBJECT:** Sample Letter for Limited Duty Assignments

**TO:** Area Managers, Human Resources  
District Managers, Human Resources

It has come to our attention that some installations have not been providing a written description of proposed restricted or limited duty assignments to employees with job-related injuries.

The enclosed sample letter contains the minimum requirements that should be included in letters provided to employees who have been previously assigned to limited duty, and who are being assigned alternate positions or restricted or limited duties as a result of job-related injuries.

If you have any questions about the use of this letter please contact Richard H. Bauer at (202) 268-3678.



Larry B. Anderson  
Manager  
Injury Compensation

Enclosure

RECEIVED

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CONTROLLING ADMINISTRATION UNIT  
HEADQUARTERS, WASHINGTON, D.C.

## SAMPLE LETTER FOR LIMITED DUTY ASSIGNMENTS

This letter is in regard to your job-related injury of \_\_\_\_\_.

Based on OWCP Form CA-17 or other medical documentation from your treating physician, it appears that you can perform limited duty work with specified limitations. A copy of this Form CA-17 or other medical documentation is attached.

Federal regulations require injured employees to seek and perform limited duty work when medically able to do so. This letter provides you with a written description of an alternate position or restricted or limited duties to which you may be assigned. The specific duties of this position are described (below/in an attachment to this letter). You are expected to report to \_\_\_\_\_ to begin this limited duty work no later than \_\_\_\_\_.

In assigning these limited duties we have followed the provisions of the Employee and Labor Relations Manual (546.141a) so as to minimize any adverse disruptive effect on you. If you believe that you are unable to perform these duties for medical reasons related to your injury, you must provide written medical evidence to this effect from your attending physician no later than the date shown in the paragraph above.

Should you have any questions about this notification or the described limited duties, please visit or call the Injury Compensation Unit, \_\_\_\_\_, phone number \_\_\_\_\_.

Injury Compensation Supervisor