



REQUEST FOR **TEMPORARY** LIGHT DUTY WORK ASSIGNMENT

Temporary Light duty is granted when available in accordance with Article 13 of the National Agreements and selected articles of the Local Agreements.

I, the undersigned, am requesting a temporary Light Duty work assignment within the restrictions that my physician has outlined in the attached medical documentation.

I have been instructed on what medical documentation is required and agree to provide the necessary documentation as a prerequisite to the granting of temporary Light Duty under the provisions of Article 13.

SIGNATURE: _____ P/L: _____

DATE: _____