

National Reassessment Process, Phase 2, Limited Duty; Priority for Assignment Worksheet

Name of Employee: _____

DOI: _____

Claim No: _____

Office/Installation _____

Tour _____

Finance # _____

<p>1) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; within their craft, within their regular schedule (tour), and within their current facility. I have been unable to identify adequate work available for this employee within these requirements. Proceed to #2. NOTES:</p>	<p>Supervisor/Manager Name Supervisor/Manager Signature Date</p>
<p>2) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; <i>outside their craft</i>, within their regular schedule (tour), and within their current facility. I have been unable to identify adequate work available for this employee within these requirements. NOTES:</p>	<p>Supervisor/Manager Name Supervisor/Manager Signature Date</p>
<p>3) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; within their craft, <i>outside their regular schedule (tour)</i>, and within their current facility. I have been unable to identify adequate work available for this employee within these requirements. Proceed to #4. NOTES:</p>	<p>Supervisor/Manager Name Supervisor/Manager Signature Date</p>
<p>4) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; <i>outside their craft, outside their regular schedule (tour)</i>, and within their current facility. I have been unable to identify adequate work available for this employee within these requirements. Contact District Assessment Team (DAT) and forward copies of all search documents. NOTES:</p>	<p>Supervisor/Manager Name Supervisor/Manager Signature Date</p>
<p>SPECIAL NOTES TO SUPERVISORS AND MANAGERS: When No Work is Identified/Available for a Complete Day, HRM must be notified. When a Partial Day of work is provided, this worksheet must be completed daily.</p>	
<p>ADDITIONAL NOTES:</p>	
<p>Activity Start and End Date(s): _____ Thru _____ Work Hours Provided _____ COP Requested _____ Sick Leave Requested _____ Annual Leave Requested _____ LWOP Requested _____ LWOP-IOD Requested _____</p>	

USE OTHER SIDE OF THIS DOCUMENT FOR ADDITIONAL NOTES

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5) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; within their craft, within their regular schedule (tour), and *outside their current facility*. I have been unable to identify adequate work available for this employee within these requirements. Proceed to #6. NOTES:

Supervisor/Manager Name

Supervisor/Manager Signature

Date

6) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; *outside their craft*, within their regular schedule (tour), and *outside their current facility*. I have been unable to identify adequate work available for this employee within these requirements. Proceed to #7. NOTES:

Supervisor/Manager Name

Supervisor/Manager Signature

Date

7) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; within their craft, *outside their regular schedule (tour)*, and *outside their current facility*. I have been unable to identify adequate work available for this employee within these requirements. Proceed to #8. NOTES:

Supervisor/Manager Name

Supervisor/Manager Signature

Date

8) I have made every effort to search for and identify adequate work available for this employee within their current medical restrictions; *outside their craft*, *outside their regular schedule (tour)*, and *outside their current facility*. I have been unable to identify adequate work available for this employee within these requirements. NOTES:

Supervisor/Manager Name

Supervisor/Manager Signature

Date

SPECIAL NOTES TO SUPERVISORS AND MANAGERS:

When No Work is Identified/Available for a *Complete Day*, HRM must be notified.

When a *Partial Day* of work is provided, this worksheet must be completed daily.

Activity Start and End Date(s):

Thru

Work Hours Provided

COP Requested

Sick Leave Requested

Annual Leave Requested

LWOP Requested

LWOP-IOD Requested

USE OTHER SIDE OF THIS DOCUMENT FOR ADDITIONAL NOTES

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