

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

Name of Employee: _____ DOI: _____ Claim No: _____
 Office/Installation _____ Tour _____ Finance # _____

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:	Supervisor/Manager Name <hr/> Supervisor/Manager Signature <hr/> Date <hr/>
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:	Supervisor/Manager Name <hr/> Supervisor/Manager Signature <hr/> Date <hr/>
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:	Supervisor/Manager Name <hr/> Supervisor/Manager Signature <hr/> Date <hr/>
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:	Supervisor/Manager Name <hr/> Supervisor/Manager Signature <hr/> Date <hr/>
SPECIAL NOTES TO SUPERVISORS AND MANAGERS: When No Work is Identified/Available for a <i>Complete Day</i> , HRM must be notified. When a <i>Partial Day</i> of work is provided, this worksheet must be completed daily. ADDITIONAL NOTES:	Activity Start and End Date(s): <div style="text-align: center;">Thru</div> <hr/> Work Hours Provided <hr/> COP Requested <hr/> Sick Leave Requested <hr/> Annual Leave Requested <hr/> LWOP Requested <hr/> LWOP-IOD Requested <hr/>

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 <i>outside their current facility</i> . 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; <i>outside their craft</i> , within their regular schedule (tour), and <i>outside their current facility</i> . 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, <i>outside their regular schedule (tour)</i> , and <i>outside their current facility</i> . 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; <i>outside their craft</i> , <i>outside their regular schedule (tour)</i> , and <i>outside their current facility</i> . I have been unable to identify adequate work available for this employee within these requirements. NOTES:	Supervisor/Manager Name Supervisor/Manager Signature Date
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