

## 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:  I understand that in accordance to Personnel Manual Section 9.13, a Light/Modified Duty assignment is emporary. 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 procludes 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 incligible 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				
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**************************************		Employee's Signature.		 Date
Signature:				*********
		Support Not Support		
Date	S	ignature:		

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OROP Date:	Check if not applicable:		
Printed Name	Signature	Date	
CE OF LAW USE ONLY	To be completed within 10 calendar of	lays of receipt)	
I have attached a copy o	the aforementioned employee's Worke	r's Compensation records, if any	
Name:		_	
Telephone #:		_	
	Signature:		
	<u> </u>	Date	
OR DESIGNEE:			
Approve	Disapprove		
Comments (if any):			
Signature:			
	Date		
OR DESIGNEE:			
Approve	Disapprove		
Comments (if any):			

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