NEW YORK STATE OF OPPORTUNITY. Business Services Center
A Division of the Office of General Services

Human Resources, Benefits Unit
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REQUEST FOR MANDATORY ALTERNATE DUTY OR MODIFIED DUTY WORK ASSIGNMENT

Employee Name			Title	Date of Request
N #	Phone Number	Start Date of Assignment	End Date of Assignment	Employee Signature

Limitation is related to Workers' Compensation claim? ☐ Yes ☐ No

Please attach the Physician's Certificate (BSC-B2) and the Estimated Physical Capability Form (BSC-B22), if needed.

Note: Mandatory alternate duty or modified duty work assignments are only available in conjunction with the Mandatory Alternate Duty Program (MADP). The MADP allows employees receiving Workers' Compensation benefits to return to work in an assignment that meets both the needs of the agency and the medical limitation of employees.

PROGRAM DESCRIPTION OF MANDATORY ALTERNATE DUTY OR MODIFIED DUTY ASSIGNMENT

Supervisor's Name	Work Hours/Shift	Work Week (check pass days) ☐M ☐T ☐W ☐Th ☐F ☐Sa ☐Su
Agency/Work Location	Start Date of Assignment	End Date of Assignment

Duties Description – List all duties to be performed. Attach additional sheets, if necessary.

List regular duties that will **NOT** be performed during the Mandatory Alternate or Modified Duty Assignment.

REVIEW/RECOMMENDATION

Program Manager/Supervisor ☐ Approve ☐ Disapprove	Date	Division Director or Deputy Commissioner ☐ Approve ☐ Disapprove	Date
Benefits Unit Recommendation ☐ Approve ☐ Disapprove		Human Resources Management ☐ Approve ☐ Disapprove	
Start Date:	End Date:		
Signature	Date	Signature	Date

Distribution: Employee, Supervisor, Personal History File