



**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