

**Limited Duty Email Notification
Acknowledgement**

I _____, acknowledge that I will receive notification
(Member's Name)
through my Chicago Police Email, _____, for updates
(Member's Department Email Address)
regarding my LD status. I acknowledge that information regarding my LD status
will be sent via email, including but not limited to: LD renewal notifications, LD
renewal paperwork, and requests for further information for LD status.

I acknowledge and I am aware information sent to my Chicago Police Department
Email by the Medical Section personnel may be time sensitive and will be
considered a notification that is received so it is incumbent upon me to monitor my
Chicago Police Department Email account. I acknowledge and I am aware that if I
fail to respond to notifications sent to my Chicago Police Department Email while I
am participating in the LD program, I may be removed from the LD program and
I may be subject to disciplinary action.

Member's Signature

Member's Name Printed

Member's Employee Number

Date of Member's Acknowledgement