

CERTIFICATION OF ELIGIBILITY FOR A LIMITED DUTY ASSIGNMENT
MEDICAL SECTION/HUMAN RESOURCES DIVISION
CHICAGO POLICE DEPARTMENT

Name: _____

Star No: _____

Employee No: _____

Title: _____

I, _____, star no. _____, state that I am requesting a limited duty assignment because I have an injury or illness that prevents me from performing full police duties. I understand that I am required to provide sufficient medical documentation, including medical test results, evaluations, and the completed doctor's certification provided by the Chicago Police Department, in order to support my claim for a limited duty assignment. I further understand that failure to provide complete medical information as requested in a timely manner will lead to denial of my request for limited duty.

I certify that I have received a copy of E03-01-03 in conjunction with my request for a limited duty assignment. I have read E03-01-03 and, by signing this certification, I certify that I meet the minimum qualifications as listed in E03-01-03, Section II for a limited duty assignment.

I understand that if I am granted a limited duty assignment, I will be subject to periodic evaluations, the frequency and scope of which will be determined by the Medical Section. I understand that the Medical Section will determine my continued participation in the limited duty program.

I understand that I am not eligible for promotion, special employment or secondary employment that requires me to perform duties contrary to my medical restrictions while in a limited duty status.

I understand that I am subject to assignment consistent with my medical limitations and the availability of an assignment. I understand that the Chicago Police Department is not required to create an assignment, duties or a position for me under this program.

I understand that the Chicago Police Department may change my hours of work, my work location, and my assignment or duties, subject to the needs of the Department. I understand that I may be required to rotate through a variety of assignments, subject to my medical restrictions, while I am in a limited duty status.

I certify that the information listed in this certification pertaining to my medical condition is true and accurate to the best of my information and belief.

I understand that a false statement in connection with my request for a limited duty assignment is prohibited. I understand that making a false statement in connection with a request for a limited duty assignment may lead to disciplinary action, up to and including discharge.

Signature: _____ Date: _____