

LIMITED DUTY NOTIFICATION LETTER - B

TO:

Name

Employee #

Street

Star #

Chicago, IL-606 _____
Zip

District/Unit

Please be advised that the records of the Medical Section (MS) of the Chicago Police Department indicate that as of _____, you will exceed the maximum allowable time in a
Date

Limited Duty status for your non-duty related condition as described in Employee Resource E03-01-03, Sworn Limited Duty Program. If you are unable to return to Full Duty by that date, you must choose one of the following options:

- You may use any available Medical Roll days;
- You may retire or resign by submitting a Personnel Action Request (PAR);
- You may apply for a leave of absence in order to apply for disability benefits;
- If applicable, you may request a Reasonable Accommodation as defined by the American with Disabilities Act; or
- If applicable, you may request leave under the Family Medical Leave Act.

You are encouraged to discuss your medical condition, treatment options and potential to return to work in a Full Duty status with your physician as soon as possible. You are required to keep the Medical Section apprised of your medical condition as information becomes available.

You must notify the MS no later than _____ of which of the listed options you will take so that there will be no delay in processing. Failure to complete processing before the expiration of your Limited Duty time will lead to you being placed in a NO PAY status as of _____.

If you have any questions about leaves of absence, the Family Medical Leave Act, Reasonable Accommodations or disability benefits, please direct your questions to the Human Resources Division at (312) 745-5310 or PAX 0349. If you have any questions about your medical records, please contact the Medical Section at (312) 745- 5000 or PAX 0130 or 0134.

Commanding Officer
Medical Section

cc: Director of Human Resources
Unit CO
Unit Timekeeper
Medical File

Rec: _____

Date: _____

Witness or certified: _____

Date/Time: _____