

**Risk Management and Workers’ Compensation Office**

**Transition-to-Work (TTW) Program**

**Light Duty Availability Form**

Please complete this form and send it to the Risk Management and Workers’ Compensation Office by way of email to [workers.compensation@pgcps.org](mailto:workers.compensation@pgcps.org) or fax to 301-952-6027.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Requestor (Last, First) | | Department: | |
| Phone: | | Email Address: | |
| Number of Light Duties Positions Available in your Department/Office: |  | | |
| Duty #1: | Brief Description of Duties: | | Date(s) Available: |
| Duty #2: | Brief Description of Duties: | | Date(s) Available: |
| Duty #3: | Brief Description of Duties: | | Date(s) Available: |
| Duty #4: | Brief Description of Duties: | | Date(s) Available: |

Signature Date