

REQUEST FOR LIGHT DUTY

Date ____/____/____

Mr./Ms. _____, Postmaster
United States Postal Service

_____, Nevada _____

Good Morning Mr./Ms. _____:

My name is _____. I am a letter carrier currently assigned to the _____ station. In accordance with the National Agreement and the local M.O.U., under Article 13.2.C, Request for Light Duty, I hereby request such accommodation for light duty subject to work within my medical restrictions and within the pecking order under Article 13 including available work installation wide. I wish to perform available work in order to be productive, speed my recovery to full duty and to minimize the use of my sick leave and/or financial hardship. I feel that I can perform the following functions in the carrier craft including but not limited to other available work within my medical restrictions.

- ____ Pitch mails on any or all routes. Including curtailed mail
- ____ Marking up forward-able mails.
- ____ Re-labeling of carrier cases.
- ____ Labeling the inside of N.D.C.B.U. or Apartment complex boxes.
- ____ Assist in station training of new craft employees.
- ____ Answering telephones.
- ____ Assist in preparation of D.P.S. bundle break cards.
- ____ Assist in growth management.
- ____ Shading or lining out P.S. Form 3982's at carrier cases.
- ____ Any and all other duties as necessary and available.

Enclosed is a copy of my medical restrictions for your inspection and information. I look forward to an opportunity to be productive. Your prompt attention to this matter will be greatly appreciated.

Thanking you in advance.

Address _____
_____, NV. _____
Phone: _____

Cc: NALC
File