

**TEMPORARY TRANSITIONAL WORK ASSIGNMENT**

Submitted by: \_\_\_\_\_ Phone# \_\_\_\_\_ Unit \_\_\_\_\_

Physical Location of Assignment/Duties: \_\_\_\_\_

Assignment Available from \_\_\_\_\_ to \_\_\_\_\_

Working Schedule (please circle days): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours Worked (please circle am or pm): \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm

**PRIMARY FUNCTION OF ASSIGNMENT**

\_\_\_\_\_

**DESCRIPTION OF ASSIGNMENT/DUTIES**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICAL DEMANDS OF ASSIGNMENT**

- (I) *Infrequent* = 1 effort every 30 minutes or up to 6% of an 8 hour day.
- (O) *Occasional* = 1 effort every 3 minutes or up to 33% of an 8 hour day.
- (F) *Frequent* = 1 to 5 efforts per minute or up to 66% of an 8 hour day.
- (C) *Continuous* = Greater than 5 efforts per minute or greater than 66% of an 8 hour day.
- (N/A) *Not Applicable*

Please provide one or more of the above abbreviations for the categories that apply to the assignment:

- \_\_\_\_\_ Sedentary Work
- \_\_\_\_\_ Standing Work
- \_\_\_\_\_ Walking/Moving
- Maximum Distance \_\_\_\_\_ Feet
- Stairs
- \_\_\_\_\_ Kneeling/Crawling
- \_\_\_\_\_ Use of Right/Left Arms
- \_\_\_\_\_ Overhead Reach with Right/Left Arms
- \_\_\_\_\_ Extended Reach with Right/Left Arms
- \_\_\_\_\_ Twisting/Bending Right/Left Arms
- \_\_\_\_\_ Twisting/Bending Right/Left Wrists
- \_\_\_\_\_ Bending/Stooping/Twisting/Squatting

**WEIGHT REQUIREMENTS (IN POUNDS) –Mark the appropriate frequency that applies to the assignment for the below categories and provide weight.**

	Infreq.	Occas.	Freq.	Cont.	N/A
<b>PUSH</b>					
<b>PULL</b>					
<b>CARRY</b>					
<b>LIFT-BELOW KNUCKLE TO SHOULDER</b>					
<b>LIFT-KUNCKLE TO SHOULDER HEIGHT</b>					
<b>LIFT-ABOVE SHOULDER HEIGHT</b>					

**FOR OFFICE/CLERICAL BASED ASSIGNMENTS COMPLETE THE FOLLOWING:**

(I=Infrquent, O=Occasional, F=Frequent, C=Continuous, N/A=Non-Applicable)

Please mark which categories apply to the assignment and circle which frequency applies:

- \_\_\_\_\_ Writing (I) (O) (F) (C) N/A
  - \_\_\_\_\_ Filing (I) (O) (F) (C) N/A
  - \_\_\_\_\_ Sorting (I) (O) (F) (C) N/A
  - \_\_\_\_\_ Phone Work (I) (O) (F) (C) N/A
  - \_\_\_\_\_ Word Processing (I) (O) (F) (C) N/A
  - \_\_\_\_\_ Data Entry (I) (O) (F) (C) N/A
  - \_\_\_\_\_ Ten Key (I) (O) (F) (C) N/A
  - \_\_\_\_\_ Keyboard/Mouse (I) (O) (F) (C) N/A
- Headphones Available? Yes No

**(ATTACH ANY ADDITIONAL INFORMATION DESCRIBING THE ASSIGNMENT)**