



Broome County

Office of Risk & Insurance Management

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Workers' Compensation Modified Duty Task Information Form

Instructions: Please type or print neatly. The completed form may be utilized to assign county employees to the described task for a duration not to exceed three months. Please be as thorough as possible in describing the work activity. Use a separate form for each task. **Contact the Office of Risk & Insurance Management with any questions.**

1. DEPT. AND DIVISION		
CONTACT AND EXT.		
2. DESCRIPTION OF THE TASK		
3. HOW LONG WILL THIS TASK BE AVAILABLE? (GIVE DATES – IF THE TASK IS ALWAYS AVAILABLE INDICATE “ONGOING”)		
4. APPROXIMATELY HOW LONG WILL IT TAKE TO COMPLETE THIS TASK?	_____ Days	
5. UNION AND JOB TITLE NORMALLY ASSOCIATED WITH THIS WORK (E.G. CSEA / SENIOR ACCOUNT CLERK)	Union:	
	Job Title	
6. DESCRIBE ANY SPECIAL SKILLS OR EDUCATION NEEDED TO DO THIS TASK OR WRITE “NONE.”		

(Over)

Physical Demand Checklist

The modified duty task described on the other side of this form involves the following physical requirements (**Check all that apply**):

<u>ACTIVITY</u>		<u>ADDITIONAL COMMENTS</u>
<input type="checkbox"/> NO PUSHING	<input type="checkbox"/> LIMITED PUSHING	_____
<input type="checkbox"/> NO PULLING	<input type="checkbox"/> LIMITED PULLING	_____
<input type="checkbox"/> NO BENDING	<input type="checkbox"/> LIMITED BENDING	_____
<input type="checkbox"/> NO STOOPING	<input type="checkbox"/> LIMITED STOOPING	_____
<input type="checkbox"/> NO SITTING	<input type="checkbox"/> LIMITED SITTING	_____
<input type="checkbox"/> NO STANDING	<input type="checkbox"/> LIMITED STANDING	_____
<input type="checkbox"/> NO TWISTING	<input type="checkbox"/> LIMITED TWISTING	_____
<input type="checkbox"/> NO CLIMBING	<input type="checkbox"/> LIMITED CLIMBING	_____
<input type="checkbox"/> NO KNEELING	<input type="checkbox"/> LIMITED KNEELING	_____
<input type="checkbox"/> NO LIFTING	<input type="checkbox"/> LIMITED LIFTING	_____ Lbs. Max.
<input type="checkbox"/> NO OVERHEAD LIFTING	<input type="checkbox"/> LIMITED OVERHEAD LIFTING	_____ Lbs. Max.

Additional Comments: _____

