CITY OF LITTLE ROCK
Human Resources – Benefits & Risk
Little Rock City Hall
500 W. Markham St., 130W
Little Rock, AR 72202

W: 501.371.4590
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COLR WORK STATUS FORM COMPLETION TIPS

Self-Care or Full Duty Release:

- **Complete Section 1**
- **Complete Section 2**

Section 2: ***SUPERVISOR ONLY***

☐ **No Modified Duty Available - Last Date of Work:** _____

→ ■ **Full Duty Release - Return to Work Date:** MM/DD/YY

Authorizing Personnel Signature: V.Rachel Aaron **Date:** MM/DD/YY

Medical Restrictions – No Modified Duty Available:

- **Complete Section 1**
- **Complete Section 2**

Section 2: ***SUPERVISOR ONLY***

→ ■ **No Modified Duty Available - Last Date of Work:** MM/DD/YY

☐ **Full Duty Release - Return to Work Date:** _____

Authorizing Personnel Signature: V.Rachel Aaron **Date:** MM/DD/YY

Medical Restrictions – Modified Duty Available:

- **Complete Section 1**
- **Complete Section 3**

Section 3: ***EMPLOYEE ONLY***

→ ■ **ACCEPTED**
- MDAD: MM/DD/YY (Modified Duty Acceptance Date)
- MDRD: MM/DD/YY (Modified Duty Return Date)

☐**DECLINED**

Pursuant to AR Code § 11-9-526

I understand that if I decline the available modified duty, my claim is not eligible for workers compensation compensatory benefits. **(Employee Initials: _____)**

Employee Signature: V.Rachel Aaron **Date:** MM/DD/YY

Section 3: ***EMPLOYEE ONLY***

☐ **ACCEPTED**
- MDAD: _____ (Modified Duty Acceptance Date)
- MDRD: _____ (Modified Duty Return Date)

→ ■**DECLINED - Last Date of Work:** MM/DD/YY

Pursuant to AR Code § 11-9-526

I understand that if I decline the available modified duty, my claim is not eligible for workers compensation compensatory benefits. **(Employee Initials:** VRA **)**

Employee Signature: V.Rachel Aaron **Date:** MM/DD/YY

WC CONTACTS

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