


**UNITED STATES POSTAL SERVICE**

Washington, DC 20260

**DATE:** January 4, 1993**OUR REF:** LR410:DJScola:lkm:20260-4126**SUBJECT:** Limited Duty Letters**TO:** Area Managers, Human Resources  
District Directors, Human Resources

Attached please find copies of a prearbitration settlement with the National Association of Letter Carriers only, as well as limited duty letters which have been developed in accordance with this settlement.

While it is anticipated that the Office of Injury Compensation will be updating the EL-505 in the future, these letters should be used now in those circumstances where management is sending correspondence to a letter carrier or to the letter carrier's physician informing them that limited duty is available.

  
Anthony J. Vegliante  
Manager  
Grievance and Arbitration  
Labor Relations

Attachment

Mr. Lawrence G. Hutchins  
Vice President  
National Association of Letter  
Carriers, AFL-CIO  
100 Indiana Avenue, N.W.  
Washington, DC 20001-2197

Re: E7N-1Q-C 30532  
CLASS ACTION  
DANBURY, CT 06810

E7N-3D-C 29180  
CLASS ACTION  
MONTGOMERY, AL 36101

E4N-3W-C 59942  
CLASS ACTION  
ST. PETERSBURG, FL 33730

E7N-3W-C 3219  
CLASS ACTION  
PALMETTO, FL 33561

Dear Mr. Hutchins:

Recently we met to discuss the above-captioned grievances currently pending national level arbitration.

The issue in these grievances is whether management may send a letter to an employee and/or the employee's physician informing them that limited duty is available.

During our discussion, we mutually agreed that in order to resolve these particular grievances that standard letters would be developed at the national level to replace the letters which were being used locally. Copies of those letters are attached. The Union will provide comments on the content of these letters, without prejudice to the positions of the parties regarding whether Article 19 is applicable or whether such letters should be developed nationally or locally. After comments, if any, are received, these letters will be transmitted and used by the field instead of those letters at issue in these grievances.

The parties further agree that this settlement is limited solely to the question of letters issued to inform employees of their obligation regarding limited duty availability and to inform physicians of limited duty availability.

Please sign and return the enclosed copy of this letter as your acknowledgment of agreement to settle these cases, withdrawing them from the pending national arbitration listing.

Sincerely,



Stephen W. Furgeson  
General Manager  
Grievance and Arbitration  
Division



Lawrence G. Hutchins  
Vice President  
National Association of  
Letter Carriers, AFL-CIO

Date 5/18/82

Enclosure

**Draft**

**RE:**

**Employee Benefits and Responsibility  
COP/Compensation Claims**

**To:**

This letter is in regard to your job-related traumatic injury of \_\_\_\_\_.

In view of your recent injury, we would like to take this opportunity to advise you of some of the benefits and responsibilities that are accorded by the Federal Employees' Compensation Act (FECA). FECA benefits include but are not limited to the following:

- Initial choice of physician to provide medical examination and/or treatment.\*
- Payment of injury related medical expenses
- Up to 45 calendar days continuation-of-pay (COP).
- Compensation for wage loss after the 45 calendar day COP period expires.
- Compensation for permanent impairment of specified members and functions of the body.
- Vocational rehabilitation services
- Death/survivor benefits

\*In non-emergency situations, advise your supervisor/medical unit and/or injury compensation control office/point of initial choice of physician prior to treatment. This will allow for timely issuance of the appropriate medical authorization forms.

While FECA provide for the above benefits, it also places certain responsibilities on the injured employee. Specifically, it is your responsibility to:

- Complete and submit the employee's portion of Form CA-1 (Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation) to your supervisor as soon as possible.

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- Arrange for the submission of prima facie [i.e. true, valid, or sufficient at first impression] medical evidence of a traumatic disabling injury to your supervisor, medical unit, and/or injury compensation control office/point within 10 work days after claiming COP. Failure to provide medical evidence may result in termination of COP.
- If limited duty work is available and offered, you must notify your attending physician and request him/her to specify the limitations and restrictions imposed. Thereafter, immediately advise your supervisor, medical unit, and/or injury compensation control office/point of the limitations and restrictions imposed.
- If offered limited duty work within the limitations and restrictions imposed by your attending physician, you are obligated to return to duty.

In assigning limited duty, we will follow the provisions of the Employee and Labor Relations Manual (546.141a) so as to minimize any adverse disruptive effect on you.

Injury Compensation control office/point personnel are available to provide guidance/assistance on matters related to your injury. Additionally, such personnel will do everything possible to assure timely receipt of benefits. Should you have any questions whatsoever, visit or call the Injury Compensation Unit, Room \_\_\_\_\_, phone # \_\_\_\_\_.

Wishing you a full and speedy recovery.

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Injury Compensation Supervisor

**Draft**

ER: \_\_\_\_\_

**Limited Duty Availability**

Dr. John Doe  
444 Main Street  
Anytown, USA

We understand that you are providing medical care to our employee, \_\_\_\_\_, secondary to the job-related injury he/she sustained on \_\_\_\_\_.

When postal employees are injured in the performance of duty, our aim is to assure that they receive prompt medical attention and other benefits as provided by the Federal Employees Compensation Act (FECA). Under this Act, we have an obligation to provide suitable limited duty work; and employees have an obligation to return to work or seek work when able.

Accordingly, if Mr.(s) \_\_\_\_\_ is physically unable to perform the activity outlined on the enclosed Form CA-17 (Duty Status Report), side A (Supervisor portion), alternative work is generally available. [inclusion of the following sentence is optional: Attached are a few examples of the types of limited duty assignments that are available.

Kindly complete side B (Physician portion) of the Form CA-17. If you indicate that Mr.(s) \_\_\_\_\_ has physical restrictions, we will make every effort to provide an accommodation fully consistent with the restrictions imposed. Please return the Form CA-17 in the self-addressed envelope provided.

Should you have any questions, please call our Medical Officer at \_\_\_\_\_ or the Injury Compensation Unit at \_\_\_\_\_. Thanks you for your attention to and cooperation in this matter.

\_\_\_\_\_  
Field Director, Human Resources