

LABOR RELATIONS



April 10, 2006

Gary Mullins
Vice President
National Association of Letter
Carriers, AFL-CIO
100 Indiana Avenue, NW
Washington, DC 20001-2144

Dear Gary:

This is in response to your March 20 letter regarding Handbook EL-505 (Injury Compensation), December 1995, Sample Letter: Limited Duty Availability, Exhibit 6.1.

Exhibit 6.1 (Sample Letter: Limited Duty Availability), will be revised to delete the sentence, "Should you have any questions, please call our contract medical provider or occupational health nurse administrator at __ (telephone number) ___".

When the form is revised, you will be notified.

If you have any questions regarding this, please contact Zana Dakroub at (202) 268-6170.

Sincerely,

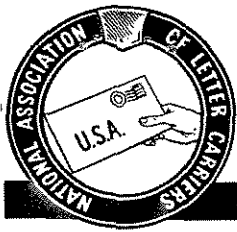
A handwritten signature in cursive script, appearing to read "A. J. Johnson".

A. J. Johnson
Manager
Labor Relations Policy and Programs

RECEIVED

APR 13 2006

VICE PRESIDENT'S
OFFICE
NALC HEADQUARTERS



M-01577

National Association of Letter Carriers

William H. Young
President

100 Indiana Ave., NW
Washington, DC
20001-2144
202.393.4695
www.nalc.org

March 20, 2006

Mr. A. J. Johnson, Manager
Labor Relations Policies and Programs
U. S. Postal Service
475 L'Enfant Plaza, SW
Washington, DC 20260-4100

Dear A.J.:

The NALC has come across an EL-505 Sample Letter listed as Exhibit 6.1. The sample letter is dated 1995. A copy is enclosed.

The NALC is aware that in 1999 20 CFR 10 was extensively modified including new prohibitions against agency telephonic contact with attending physicians (see 20 CFR 10.506).

I would appreciate your looking at the last sentence in this sample letter and advising the NALC as to whether or not the Postal Service plans to make the necessary corrections.

Sincerely,

Gary H. Mullins
Vice President

GHM/klc

Enclosure

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Executive Vice President

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Vice President

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HBK EL-505, INJURY COMPENSATION, DECEMBER 1995
MEDICAL MANAGEMENT

Exhibit 6.1

Sample Letter: Limited Duty Availability

[U.S. Postal Service Letterhead]

____ [date] ____
 ____ [name] ____ (treating physician)
 ____ [street address] ____
 ____ [city, state, ZIP Code] ____

File Number: ____ [OWCP case number] ____

Date of Injury: _____

Dear ____ [name] ____:

We understand that you are providing medical care to our employee, ____ [name] ____, secondary to the job-related injury he or she sustained on ____ [date] ____.

When a postal employee is injured in the performance of duty, our aim is to ensure that he or she receives 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./Ms. name] ____ is physically unable to perform the activity outlined on the enclosed 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 CA-17. If you indicate that ____ [Mr./Ms. name] ____ has physical restrictions, we will make every effort to provide an accommodation fully consistent with the restrictions imposed. Please return the CA-17 in the self-addressed envelope provided.

Should you have any questions, please call our contract medical provider or occupational health nurse administrator at ____ [telephone number] ____. Thank you for your attention to and cooperation in this matter.

Sincerely,

____ [signature] ____
 ____ [name] ____

Manager, Human Resources

Enclosure: CA-17, *Duty Status Report*