

**OTTAWA COUNTY SHERIFF'S OFFICE  
LIGHT DUTY REQUEST FORM**

NAME: \_\_\_\_\_

DIVISION: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_

TYPE OF INJURY: \_\_\_\_\_

Circle One:    ON DUTY    or    OFF DUTY

CR# \_\_\_\_\_ (If On Duty Related)

.....  
To Be Completed By Physician

PROJECTED DATES FOR LIGHT DUTY: \_\_\_\_\_ to \_\_\_\_\_

REMARKS/RESTRICTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF NEXT APPOINTMENT: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

.....  
To Be Completed By Administration

Circle One:        **APPROVED**    or    **DENIED**

\_\_\_\_\_  
OCSO Administrator Signature

\_\_\_\_\_  
Date