

TERMS OF RESTRICTED DUTY ASSIGNMENT

Initials	Terms
	I understand that the Director of Public Safety or designee is the sole authority for determining whether a member is placed in a restricted duty status.
	The number of locations available and the duration of restricted duty assignments will be determined by the Chief of Police after consultation with the Medical Director and the Restricted Duty Oversight Committee.
	I agree that the restricted duty assignment that I am accepting is temporary in nature and that no contractual transfer, assignment or unit seniority rights apply to my position.
	I agree that the restrictions placed upon me by the Medical Unit apply to my restricted duty assignment. Any return to regular duty orders from my personal physician must be for my permanent position, based on the conditions of that job, not any temporary restricted position.
	I agree that for the entirety of my restricted duty assignment my permission to engage in secondary employment is revoked for any position where the Cleveland Police uniform is worn, or for any plain clothes security position. My secondary employment is subject to monitoring by the Inspection Unit.
	I agree that the restricted duty assignment is temporary.
	I agree that any extension must be approved by the Medical Director or their designee, the Oversight Committee and the Chief of Police.
	I agree that the temporary position requires me to work a regular forty hour workweek or eighty hours per pay period. I may be excused for any scheduled rehabilitation approved by Worker's Compensation or the Medical Unit.
	I agree that if the City is unable to accommodate my restrictions, I am not eligible for a restricted duty assignment.
	I agree that while on restricted duty I am prohibited from working overtime except subpoenaed court overtime.
	I agree to work whatever restricted duty assignment is available at the time of my request. I acknowledge that the assignment may be changed at anytime based on the Division's needs.
	I agree to report to the Medical Unit as directed.
	Members who have received a restricted duty assignment due to a pregnancy. I agree to notify the Medical Unit Coordinator of the birth of my child.

I have read all of the above terms related to my acceptance of a temporary duty position and agree to abide by each of these conditions. I understand that any violations may lead to Divisional charges and an immediate cessation of the temporary position I am assigned to.

Signature of Detailed Officer

Date

Witnessed By

Date

Original to Administrative Operations, Copy to Officer, Medical Unit, Personnel Unit