State of Iowa
Department of Administrative Services
Human Resources Enterprise

Alternative Duty Assignment

Employee Information	**Name**	**Injury date**
	Employed by *(State entity)*	**Manager/Supervisor name**
Alternative Duty Information*	**Date alternative duty began**	**Total alternative duty work days completed,** *(prorated to normal work day)*
	Recently performed tasks	
	Proposed tasks	
Medical Information* (*Attach additional sheet if necessary)*	**Alleged injury body site(s)**	*(Provide clinical information only)*
	Prior temporary work restrictions	
	Medical treatments to-date	
	Estimated date of Maximum Medical Improvement (MMI)	**Date of next scheduled doctor's appointment**
	Length of extension requested *(Number of workdays prorated to normal work day. NOTE: Extensions should be no more than 20 workdays.)*	
Person Completing Form	☐ I acknowledge that following DAS approval, an Alternate Duty letter will be sent to the employee.	
	Name	**Email**
	Work phone	**Cell phone**
	Submit form: By email to ryan.ihrke@das.iowa.gov	Print Save As Reset
DAS/HRE Only	☐ **Request Approved** ☐ **Request Denied**	
	DAS/HRE Representative Signature	**Date**

*Additional information may be attached and emailed.

ALTERNATIVE DUTY ASSIGNMENT INSTRUCTIONS

Alternative Duty Assignments related to work illness/injury beyond an initial period of 20 days must be approved by DAS per administrative rule. An Alternative Duty Assignment form must be completed and submitted to DAS for any assignments to receive the approval. This requirement comes from IAC 59.3(5).

59.3(5) An appointing authority shall provide restricted duty work assignments, without change to an employee's class and regular pay rate, for those employees who have a medical release to return to restricted duty following a job-related illness or injury. The original period of restricted duty shall be the hourly equivalent of 20 workdays (which shall be on a pro-rata basis for part-time employees), or until the employee is medically released for full duty, whichever is less. Extensions to the original period may be requested by the appointing authority for approval by the director. Exceptions to this subrule must be approved by the director.

Process for Approval

Step 1 – Complete the Alternative Duty Assignment form
Step 2 – E-mail the completed form to DAS-HRE (ryan.ihrke@das.iowa.gov) for approval **Step 3 –** Receive approval or denial of extension to restricted duty

Form Instructions - Below is an explanation of the fields included on the Alternative Duty Assignment form.

- **Employee Name** - The name of the employee receiving the alternative duty assignment.
- **Injury Date** - This is the date the injury occurred, or when no specific date is available, the date the injury was identified.
- Agency - The name of the Agency for which the employee works.
- **Manager/Supervisor** - The name of the manager to whom the employee reports.
- **Alleged Injury Body Site/Sites** (List Here): Only provide Clinical Information. This field should only be populated with information provided by medical advice. Include information about what parts of the body have been impacted by the injury and information on the injury provided by medical documentation.
- **Date Alternative Duty Initiated** - This is the date that the employee started Alternative Duty for the related injury.
- **Total Alternative Duty Days Completed Including Today** - This is the number of work days the employee has worked while under an alternative duty assignment for this injury prorated to normal work day (i.e. five (5) half-days would equal 2.50 work days).
- **Alternative Duty Tasks Recently Performed** - This would be the alternative duty tasks the employee has been working for the previous alternative duty period.
- **Next Scheduled Doctor's Appointment -** The next appointment date.
- **Medical Treatments To-Date -** This should be a listing of the medical treatments the employee has received for the injury and when they occurred.
- **Proposed Alternative Duty Tasks** - This is what the employee is being requested to perform for the alternative duty extension being requested for approval.
- **Prior Temporary Work Restrictions -** These would be the restrictions identified by the physician. Examples would be lift no greater than 10 pounds, no standing for longer than 30 minutes, etc. This information should come from the medical documentation from the employee.
- **Estimated Maximum Medical Improvement Date or Appointment Date -** This would be the date the doctor has estimated when the employee will reach maximum improvement.
- **Length of Extension Requested -** This would be the number of workdays requested prorated to normal workday.
  Note: Extensions should be no more than 20 workdays or the date of employee's next doctor visit, whichever is less.
- **Contact information -** This should be the contact information of the individual completing the form.

Alternative Duty Letter

After receiving approval of the alternative duty, a letter should be provided to the employee detailing the assignment. An example of an alternative duty letter is available on DAS-HRE website that can be updated and placed on the department's letterhead.