

LIGHT DUTY ADVISORY

This form authorizes CCSI, our Third Party Administrator (TPA), if the activity or command will provide light or modified duty for their injured employees.

This form is to be filled out when an employee has a lost time injury.

When form is completed, please FAX to each of the following:

Contract Claims Services, Inc.

1-800-743-3293

or

1-800-616-1389

or

1-972-721-0442

Personal and Family Readiness Division

1-703-432-0402

Light Duty Advisory

To: CONTRACT CLAIMS SERVICES, INC.
PERSONAL AND FAMILY READINESS DIVISION

From: _____ Location/NAFI # _____

Date: _____ Marine Corps Navy

Subject: Availability of Work

Our employee, _____ was injured on _____

Mark one:

- Light or modified duty IS AVAILABLE
- Light or modified duty IS NOT AVAILABLE

Mark one:

- The duty will be provided in the employee's regular job position.
- The duty will be provided in an alternate job position.

Printed name/position of person completing form

Phone Number

Signature of the person completing form

Date Signed

► Fax a copy of this form to CCSI at 1-800-616-1389

► Fax a copy of this form to Personal and Family Readiness
Division at 1-703-432-0402

ATTN: Angie (A-K) or Sherrie (L-Z)