DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

ALTERNATIVE DUTY REQUEST

DATE: _____

EMPLOYEE: _____

I am requesting consideration for alternative duty status. I am currently under a doctors care and unable to perform all the essential job tasks required for my classification due to injury or illness. I have attached a copy of my doctors recommendation regarding my activity limitations. I understand that my duty restriction may require the suspension of my police powers (if sworn) due to medical reasons. I understand that approval for alternative duty status is a prerogative of management and is contingent upon the availability of a suitable assignment which may not necessarily be at my current assigned work location. I further understand that my alternative duty status can be rescinded at anytime.

ANTICIPATED DATE OF RETURN TO FULL-DUTY _____

DATE OF NEXT FOLLOW-UP WITH DOCTOR_____

EMPLOYEE'S SIGNATURE _____

COMMANDER'S RECOMMENDATION ☐ YES ☐ NO

COMMANDER'S SIGNATURE _____

FINAL DECISION OF DEPUTY CHIEF ☐ APPROVED ☐ DENIED

ALTERNATIVE DUTY EFFECTIVE FROM_____ TO _____

DEPUTY CHIEF_____ DATE _____

Copy to: Employee
Employee's Commander
MCP Personnel File
DGS Human Resources