



SHIP OR STATION:

SUBJECT:

PERMANENT TEMPORARY
AUTHORITY (IF PERMANENT)

LIMITED DUTY STATEMENT OF UNDERSTANDING

DATE: _____

____ I UNDERSTAND THAT I AM ASSIGNED TO THIS COMMAND IN A LIMITED DUTY STATUS, AND THAT MY INITIAL LIMITED DUTY PRD IS _____.

____ I AM AWARE AND UNDERSTAND THAT THE FOLLOWING PERSONNEL ARE ASSIGNED AS MY LIMITED DUTY COORDINATORS:

_____ COMMAND LIMITED DUTY COORDINATOR

_____ PERSUPPDET LIMITED DUTY COORDINATOR

_____ MTF LIMITED DUTY COORDINATOR

____ I CERTIFY THAT I HAVE BEEN BRIEFED AND UNDERSTAND THE RESPONSIBILITIES PERTAINING TO MY LIMITED DUTY ASSIGNMENT AS FOLLOWS:

A. BE PERSONNALLY RESPONSIBLE IN ADHERING TO MEDICAL ADVICE AND PROMOTE REHABILITATION DURING THE LIMDU PERIOD.

B. STRICTLY COMPLY WITH THE PROCEDURES DIRECTED BY THE PERSUPP DET OR PERSONNEL OFFICE AND THE MTF FOR FOLLOW-UP PROCESSING.

C. COORDINATE WITH THE MTF AND REPORT FOR FOLLOW-UP CARE AS SCHEDULED. RESCHEDULING OF MEDICAL APPOINTMENTS FOR PERSONAL CONVENIENCE IS STRICTLY PROHIBITED.

D. **ENSURE A MEDICAL APPOINTMENT IS SCHEDULED AND ATTENDED NO LATER THAN 30 DAYS PRIOR TO THE EXPIRATION OF LIMDU PRD.** REPORT TO THE MEDICAL BOARD SECTION OF THE MTF'S PATIENT ADMINISTRATION OFFICE AT LEAST 30 MINUTES PRIOR TO THE APPOINTMENT, WITH ALL APPROPRIATE MEDICAL RECORDS. AT THE TIME OF THE APPOINTMENT, REQUEST ATTENDING PHYSICIAN MAKE A DETERMINATION OF LIMITED DUTY STATUS.

E. WITHIN 24 HOURS, ADVISE THE MTF'S PATIENT ADMINISTRATION OFFICE, PARENT COMMAND, AND PERSUPP DET LIMDU COORDINATOR OF ANY CHANGE IN LIMDU STATUS.

____: I FURTHER UNDERSTAND THAT I MUST SCHEDULE ALL FOLLOW-UP APPOINTMENTS WITH THE MTF. THE CENTRAL APPOINTMENT PHONE NUMBER IS: **1-866-654-4584**. FAILURE TO REPORT FOR AN APPOINTMENT MAY RESULT IN DISCIPLINARY ACTION.

____: I UNDERSTAND THAT I MAY BE FOUND ABLE TO RETURN TO DUTY AT ANY TIME DURING MY PERIOD OF LIMDU. I ACKNOWLEDGE THAT I MUST REPORT TO PERSUPP DET WITHIN 24 HOURS OF ANY CHANGE IN MY LIMDU STATUS. ADDITIONALLY, I HAVE BEEN ADVISED THAT **I MUST COMPLETE AN ASSIGNMENT SCREENING WITHIN 15 DAYS OF BEING ABLE TO RETURN TO DUTY.**

MEMBER'S SIGNATURE

WITNESSED: _____

NAME (LAST, FIRST, MIDDLE)

SOCIAL SECURITY NUMBER

BRANCH AND CLASS
USN



SHIP OR STATION:

SUBJECT: LIMITED DUTY | PERMANENT AUTHORITY (IF PERMANENT) TEMPORARY

_____: I UNDERSTAND THAT A DETERMINATION OF "ASSIGNMENT LIMITED" DURING THE ASSIGNMENT SCREENING PROCESS, FOLLOWING A FINDING OF BEING ABLE TO RETURN TO DUTY, MAY ULTIMATELY LEAD TO A NAVY PERSONNEL COMMAND (NAVPERSCOM) DIRECTION OF **SEPARATION FROM ACTIVE DUTY**.

_____: I UNDERSTAND THAT I AM REQUIRED TO **HAND-CARRY ALL LEAVE REQUESTS TO THE COMMAND LIMITED DUTY COORDINATOR** FOR SIGNATURE.

_____: MY EAOS IS _____. IF IT EXPIRES PRIOR TO COMPLETION OF MY LIMITED DUTY, I WILL REPORT TO THE PERSUPP DET LIMITED DUTY COORDINATOR 30 DAYS PRIOR TO EXPIRATION OF EAOS FOR CORRECTIVE ACTION, AND SUBMIT I.D. CARD APPLICATIONS FOR MYSELF AND MY FAMILY MEMBERS. FAILURE TO COMPLY MAY RESULT IN A SUSPENSION OF PAY AND ALLOWANCES.

_____: I UNDERSTAND THAT I MUST PROVIDE MY PERSUPP DET LIMITED DUTY COORDINATOR, WITHIN 24 HOURS, ALL CHANGE IN MY LIMITED DUTY STATUS, WORKING LOCATION, WORK PHONE, OR HOME PHONE.

WORK PHONE: _____

HOME PHONE: _____

CELL PHONE: _____

_____: PER MILPERSMAN 1306-1200 AND NAVMED 6100/5, ABBREVIATED LIMITED DUTY MEDICAL BOARD REPORT, I SHOULD NOT PARTICIPATE IN ANY PHYSICAL ACTIVITY THAT COULD FURTHER AGGRAVATE THE INJURY FOR WHICH I AM CURRENTLY ON LIMITED DUTY. WHILE ON LIMITED DUTY, IF I DESIRE TO PARTICIPATE IN LIMITED PHYSICAL EXERCISE/SPORTS, WRITTEN CONSENT FROM MY ATTENDING PHYSICIAN IS REQUIRED. INJURIES THAT ARE SUSTAINED WITHOUT WRITTEN PERMISSION MAY RESULT IN DISCIPLINARY ACTION.

MEMBER'S SIGNATURE

WITNESSED: _____

NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NUMBER	BRANCH AND CLASS USN
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