



Cleveland Division of Police

TERMS OF TRANSITIONAL DUTY ASSIGNMENT

INITIALS	TERMS
	I understand that the Chief of Police or designee is the sole authority for determining whether a member is placed in transitional duty status.
	The number of locations available and the duration of transitional duty assignments will be determined by the Chief of Police, consultation with the member's commander.
	I agree that the transitional 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 limitations recommended by the Medical Director apply to my transitional duty assignment. Any return to regular duty orders from my treating physician must be for my permanent position, based on the conditions of that job, not the temporary assignment.
	I agree that for the entirety of my transitional 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 temporary position requires me to work the schedule that is designated for that work assignment. I may be excused for any scheduled rehabilitation approved by Worker's Compensation or recommended by the Medical Director.
	I agree that if the City is unable to accommodate my limitations, I am not eligible for a transitional duty assignment.
	I agree that while on transitional duty I am prohibited from working overtime except subpoenaed court overtime.
	I agree to work whatever transitional duty assignment is available at the time of my request. I acknowledge that the assignment may be changed at any time based on the Division's needs.
	<i>Members who have received a transitional duty assignment due to a pregnancy; I agree to notify the Personnel Unit of the birth of my child.</i>

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 corrective action and an immediate cessation of the temporary position I am assigned to.

Signature of Detailed Officer

Date

Witnessed By

Date

Original to Administrative Operations, Copies to Officer, Personnel

1.05.13A

Effective 2/2/2024