

**Miami-Dade Aviation Department  
Administrative Services**

**ASSIGNMENT FORM**

The following MDAD employee has been assigned under the Return-to-Work Program:

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Job classification: \_\_\_\_\_

Division: \_\_\_\_\_ DDL: \_\_\_\_\_

Current Supervisor: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Date of injury/illness \_\_\_\_\_

CHECK ONE:

On-the-job injury

Off-the-job injury

Restrictions:

---

---

Effective date of assignment: \_\_\_\_\_

Duties: \_\_\_\_\_

---

Division: \_\_\_\_\_ DDL: \_\_\_\_\_

Newly assigned supervisor: \_\_\_\_\_

Telephone No. \_\_\_\_\_

If you have questions or need additional information, please call \_\_\_\_\_  
at (305) \_\_\_\_\_