

JOB PERFORMANCE LIMITATION RECORD

TO ALL BILL'S EQUIPMENT & SUPPLY, INC. EMPLOYEES:

In order to keep our files and records current we need you to take a few minutes to fill out this questionnaire.

1.) Do you have any limitations that would keep you from performing all your duties in the job position you currently hold?

A.) NO _____ B.) YES _____

If you answered YES, please, in detail, explain what your limitations are, what is affected by them, and the name and address of the doctor(s) issuing the limitations in the space provided below.

1.) LIMITATION:

DR.

2.) LIMITATION:

DR.

3.) LIMITATION:

DR.

If you need more room, please continue and/or attach another sheet.

Thank you for taking time to complete this questionnaire. If any changes occur it is up to you, as the employee, to keep us informed as to specifically what the changes in your situation are.

Signature

Date