

**McCLOUD COMMUNITY SERVICES DISTRICT**  
**Policy and Procedure Manual**

**POLICY TITLE:** Early Return to Work Program  
**POLICY NUMBER:** 2041  
**ADOPTED:** September 23, 2002  
**REVIEWED:** October 28, 2013; November 12, 2013  
**AMENDED:** November 12, 2013

**2041.10 Purpose**

The purpose of the Early Return to Work or Transitional Work Program is to provide temporary modified or transitional work for employees with job related injuries or illnesses who are unable to perform the duties of their regular work due to such work related illness or injury as soon as the treating physician deems it medically feasible. The program is designed to assist employees in the transition from disability back to full recovery while continuing to be a productive part of the work group. Such early return to work or transitional work programs can reduce workers' compensation benefit costs and premiums since indemnity payments to the injured employee for time lost from work can be reduced. Such programs also boost employee morale, motivate employees to return to regular duties in a shorter period of time and avoid litigation. An effective early return to work or transitional work program can also eliminate the need for costly vocational rehabilitation services.

**2041.20** The District recognizes the need to provide temporary transitional work to employees who are unable to perform regular job duties due to work related illness or injury as soon as the treating physician deems it medically feasible. This policy is designated to help implement the District's responsibilities to provide reasonable accommodation to persons with disabilities pursuant to the American with Disabilities Act.

**2041.30** The Early Return to Work or Transitional Work Program consists of the following elements:

**2041.31** An identification of modified or transitional work assignments which are available to injured employees.

**2041.32** Advice to each injured employee and his/her physician regarding the operation of the Early Return to Work or Transitional Work Program.

**2041.33** A medical determination by the injured employee's physician that the

modified duties available to the injured employee are consistent with the injured employee's physical limitations as determined by the physician.

**2041.34** A written agreement by the injured employee to participate in the Early Return to Work or Transitional Work Program.

**2041.35** The District recognizes the need to provide temporary transitional work to employees who are unable to perform regular duties due to work related injuries or illness as soon as their treating physician deems it medically feasible. Due to the limited amount of transitional work available, injured employees will be assigned to the program on a "first come-first served" basis if their work related medical restrictions allow eligibility for the job positions available. This program is designed to be available to industrially injured employees for no longer than ninety (90) days after the date of the employee's injury.

**2041.36** This district will identify transitional work duties through the following process:

**2041.361** The first priority will be to return the employee to the same job, if possible, based on their medical restrictions. Determine which job functions can be modified by examining whether the job can be done for fewer hours, whether the worker can use a stool, chair or other appliances to perform job tasks, whether temporary modifications can be made to the work site, whether physical stresses can be reduced or eliminated by having the employee lift less weight, reduce repetitions or move to a different work station, assign some of the job tasks to other workers, and identify activities in other jobs which can be reassigned to the modified duty employee such as filing and telephone answering, customer surveys, quality assurance, cleaning and light repair, etc.

**2041.362** The second priority will be to assign alternative transitional duty in another department with physical tasks which are appropriate to the employee's level of disability.

**2041.363** Identify special projects in the worker's department or other departments the performance of which are within the modified duty employee's physical restrictions.

**2041.364** If necessary, return the injured worker to part-time or half-time work as appropriate.

**2041.365** The District should compile a Transitional Duty Task Bank, which may be in the form attached hereto as Appendix 1, to specify modified duty tasks available to employees who wish to participate in the

Early Return to Work or Transitional Work Program such as phone relief, customer service or assistance, inspection and reporting, light cleaning and maintenance, requiring the employee to participate in needed training, etc.

#### **2041.40** Responsibility for Implementation of the Program

The General Manager shall be responsible for supervising the implementation and management of this program and follow-up with employees regarding the results of their participation in the program.

#### **2041.50** Requirements for Participation

Employees participating in the Early Return to Work or Transitional Work Program must meet the following criteria:

**2041.51** Each employee must have suffered a work related injury or illness, liability for which has been accepted by the District.

**2041.52** The employee must have received from their treating physician a Return to Work Authorization slip which:

**2041.521** Specifies the injured worker's work restrictions as a result of the work injury or illness.

**2041.522** Acknowledges review of the work activities to be required of the injured employee through participation in the Early Return to Work or Transitional Work Program; and

**2041.523** Provides medical authorization or clearance for the injured employee to participate in the temporary work activities specified for the injured employee.

#### **2041.60** Procedure

**2041.61** The Return to Work Program Coordinator will identify transitional work assignments available and formulate a Transitional Duty Task Bank (see Appendix 1).

**2041.62** Employees should receive notification about the Early Return to Work of Transitional Work Program in their orientation. When an employee suffers an industrial injury, the employee should be notified of his/her responsibilities pursuant to the District's Early Return to Work or Transitional Work Program and should acknowledge his/her understanding of that policy (see Appendix 2).

**2041.63** The Return to Work Program Coordinator should advise the injured employee's treating physician of the existence of the Early Return to Work or Transitional Work Program (see Appendix 3) and shall provide a job description specifying the physical activities required of the injured employee in his/her usual and customary occupation together with a Return to Work Recommendations Form (see Appendix 4) for completion by the physician as a result of his physical examination of the injured worker.

**2041.64** Use the doctor's completed Return to Work Recommendations Form (Appendix 4) to determine what kind of modified transitional work the doctor considers appropriate for the injured employee. A determination will then be made by the District as to whether or not an early return to work or transitional work assignment can be provided to the injured employee which will be consistent with the terms and conditions of the treating physician's work release specified in the Return to Work Recommendations Form (Appendix 4) and the modified or transitional work tasks available for assignment as set forth in the Transitional Duty Task Bank (Appendix 1).

**2041.65** If modified transitional work activities are available for the employee, the Return to Work Coordinator shall complete the Early Return to Work or Transitional Work Program Job Description (Appendix 5) which details the specific physical activity requirements of the modified or transitional work assignment. The Early Return to Work or Transitional Work Program Job Description (Appendix 5) should be sent to the injured employee's treating physician together with a Return to Modified Work Authorization Form (Appendix 6) for the treating physician to complete indicating whether the injured employee is physically capable of participating in the proposed modified transitional work duties.

**2041.66** If transitional or modified work duties are identified for the injured employee consistent with the treating physician's work restrictions and the treating physician approves the employee's return to modified transitional work by executing the Return to Modified Work Authorization Form (Appendix 6), then the District shall send a letter to the injured employee in the form attached as Appendix 7 informing the injured employee of the transitional work duties which should be signed by both the employee and his/her supervisor.

**2041.67** Upon commencing his/her modified work assignment under the Early Return to Work or Transitional Work Program, a Modified Work Assignment Form shall be executed by the injured employee, the employee's supervisor and the General Manager or return to work coordinator of the District in the form attached as Appendix 8.

**2041.68** Supervisors of an employee's transitional work activities will be expected to keep track of the hours worked by that employee and evaluate the work performance of such employees.

**2041.69** The District retains the option to change the days off and the hours worked while an employee is engaged in the Early Return to Work or Transitional Work Program. Transitional Work Program participants are encouraged to schedule physical therapy or doctor's appointments around their work schedule to avoid loss of earning power.

**2041.70** Procedure-Continued

**2041.71** When an injured employee is released to participate in the Early Return to Work or Transitional Work Program, he/she does not have the option to substitute paid leave because he/she does not personally feel ready to perform the transitional work.

**2041.72** After thirty (30) days of participation in the Early Return to Work or Transitional Work Program, an injured employee's eligibility for such transitional work will be reviewed. Transitional work duties may be modified at that time. If an employee is not expected to return to regular work within sixty (60) to ninety (90) days, such an employee may be removed from the Early Return to Work or Transitional Work Program until an expected return to work date has been established by that employee's physician.

**2041.73** Employees may be required to move from one transitional work assignment to another depending on the need, skills and availability of such work.

**2041.74** Any workers' compensation temporary disability payments received by the injured employee will cease upon return to transitional work provided that the number of hours worked are the same as the employee's regularly scheduled hours. If full-time employees return to transitional work on a part-time basis by order of his/her treating physician, part-time earnings will be supplemented by workers' compensation benefits as mandated by the workers' compensation law.

**2041.75** Notify the claims representative when the injured worker returns to transitional or modified work. Also notify the claims representative if the injured worker refuses the modified work or fails to report to work on the start date. Send a copy of the physician's Return to Work Recommendations Form (Appendix 4), the Early Return to Work or Transitional Work Program Job Description (Appendix 5), the Return to Modified Work Authorization Form from the physician (Appendix 6) and the offer of transitional work to the employee (Appendix 7) to the claims representative.

**2041.80** Note

The employee can reject a job, but as long as the work offered is within the work restrictions prescribed by the employee's physician, the worker will no longer be entitled to workers' compensation temporary disability payments.

**MCSD 2041 EARLY RETURN TO WORK PROGRAM  
APPENDIX 1 -TRANSITIONAL DUTY TASK BANK**

Thinking creatively, start your list of examples of transitional work.

- Begin with modifying the injured worker's usual customary job.
- Second, seek alternative transitional duty in another department.
- Additionally, identify special projects in your own or other departments.
- If necessary, return injured worker to part-time or half days.

1.

2.

3.

**MCSD 2041 EARLY RETURN TO WORK PROGRAM  
APPENDIX 2- INJURED WORKER'S RESPONSIBILITIES**

(On District Letterhead)

After your first appointment with a physician, bring the Return to Work Recommendations Record (or any other slip provided by the physician) to your supervisor. Work will be provided to you within your restriction, if any, whenever possible.

If you are not able to work at all after the first appointment, advise your supervisor. Once you are released to light duty, report to work immediately.

Once you are back at work, you are responsible for:

- ... Working within the physical limitations set by the physician at all times and performing only those temporary duties assigned to you by your supervisor.
- ... Letting your supervisor know if you are having any difficulties performing your assigned tasks or if you feel you can do more than is allowed.
- ... Telling your supervisor in advance if you find out you must miss work for a medical appointment – please make every effort to schedule your medical appointment outside your work schedule.
- ... Seeing that your supervisor knows of any changes in your work restrictions you learn from your doctor.

Please note, if you do not report to work (light duty or regular work) when you are released, you may not be eligible for temporary disability payments or wages.

All agency rules and company policies apply to employees who are performing light duty work.

I have read and understand my responsibilities in participating in the Early Return to Work program.

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

**MCS D 2041 EARLY RETURN TO WORK PROGRAM  
APPENDIX 3- LETTER ADVISING PHYSICIAN OF PROGRAM**

(On District Letterhead)

Medical Provider  
Address  
City, State, Zip

Re: Early Return to Work Program

Dear Doctor,

The McCloud Community Services District is committed to the return to work of its industrially injured/ill employees. We will provide restricted and alternative job opportunities to allow for healing on the job, in line with your medical restrictions.

Our injured/ill employees will be returned to temporary assignments which will not aggravate or stress the injured body part. This should prevent long term temporary disability with absences from work and lessen the loss of productivity for both the employer and employee.

You are authorized to treat our employees and fill out the attached Return to Work Recommendations Record. Sample job descriptions are attached for your review and individual job descriptions and a Return to Work Recommendation Record will be provided as workers are referred to you for treatment. The job descriptions should help to clarify the physical requirements of positions within the agency, allowing employees to return to regular duties more quickly.

Based on your Return to Work Recommendations Record, we will attempt to identify transitional work duties available for the employee within the physical restrictions you have imposed. We will prepare an Early Return to Work or Transitional Work Program job description for your review, and provide you with a Return to Modified Work Authorization form for you to indicate whether, in your opinion, the injured employee is capable of returning to work at the proposed modified transitional work duties.

This program has been created as a benefit to the injured worker from a financial and employment standpoint. If you have any questions regarding a certain aspect of the program or tasks on the list, please contact us or the claim administrator immediately. We would welcome your personal visit to the Agency to help illustrate our commitment to the program.

Thank you in advance for your support and cooperation.

Sincerely,



**MCS D 2041 EARLY RETURN TO WORK PROGRAM  
APPENDIX 4- RETURN TO WORK RECOMMENDATIONS**

Employee \_\_\_\_\_ Date of Injury \_\_\_\_\_

Claim Number \_\_\_\_\_ Diagnosis \_\_\_\_\_

Employer: McCloud Community Services District Physician Appointment Date: \_\_\_\_\_

Employee may return to work: Date \_\_\_\_\_ No Restrictions \_\_\_\_\_

May not return until \_\_\_\_\_

Employee may return to light duty on: Date \_\_\_\_\_

Permissible activity checked below: Employee may work \_\_\_\_\_ hours of an 8 hour shift.

Employee can stand/walk in 8 hours: None                      1-4 Hours                      4-6 Hours

Employee can:     Sit Only                       Stand Only                       Alternate Sitting/Standing  
                          No Bending                       No Squatting                       No Weight-Bearing  
                          Right Leg                       Left Leg                       Limited Weight-Bearing

Lifting limited to:

5-10 lbs. Sedentary	10-20 lbs. Light	20-40 lbs. Light-Medium	50-70 lbs. Medium
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Lifting as indicated above can be performed during 8 hours:

Occasionally     Frequently     Continuously     No Overhead Reaching

Employee can use hands for repetitive:

Simple Grasping                       Pushing & Pulling                      Fine Detail Work  
 Limited to Use of One Arm and/or One Hand     Right                      Left

Other: \_\_\_\_\_

Employee will be re-evaluated on \_\_\_\_\_ (date).

Anticipated return to regular duty \_\_\_\_\_ (date).

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

PLEASE RETURN VIA FACSIMILE TO MCS D (530) 964-3175

**MCSD 2041 EARLY RETURN TO WORK PROGRAM  
APPENDIX 5-JOB DESCRIPTION**

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Shift (*circle one*): Days Evenings Nights

Job Summary

**PHYSICAL ACTIVITY REQUIREMENTS**

**Work Position:**

<b>Standing</b>	approx. 20% <b>D</b>	approx. 30% <b>D</b>	approx. 50% <b>D</b>	70% or more <b>D</b>
<b>Walking</b>	approx. 20% <b>D</b>	approx. 30% <b>D</b>	approx. 50% <b>D</b>	70% or more <b>D</b>
<b>Sitting</b>	approx. 20% <b>D</b>	approx. 30% <b>D</b>	approx. 50% <b>D</b>	70% or more <b>D</b>

**Body Movements:**

None	= 0
Occasional	= 0 to 1/4 work day
Some	= 1/4 to 1/2 work day
Frequently	= 1/2 to 3/4 work day
Continuously	= 3/4 to full work day

**Lifting:**

	0-20 lbs.	20-40 lbs.	40-60 lbs.	60-70 lbs.	more than 70 lbs.
None					
Occasional					
Some					
Frequently					
Continuously					

Push and/or **Pull** Loads:

	0-20 lbs.	20-40 lbs.	40-60 lbs.	60- 70 lbs.	more than 70 lbs.
None					
Occasional					
Some					
Frequently					
Continuously					

Carrying:

	0-20 lbs.	20-40 lbs.	40-60 lbs.	60- 70 lbs.	more than 70 lbs.
None					
Occasional					
Some					
Frequently					
Continuously					

Bending:                   NoneD   Occasional D    Some D   Frequent D   Continuous D

Kneeling/Squatting:   NoneD   Occasional D    Some D   Frequent D   Continuous D

Reaching Overhead/  
Stretching:           None D   Occasional D    Some D   Frequent D   Continuous D

Climbing Stairs:       None D   Occasional D    Some D   Frequent D   Continuous D

Climbing Ladders:     None D   Occasional D    Some D   Frequent D   Continuous D

Crawling:               None D   Occasional D    Some D   Frequent D   Continuous D

Working on Rough and/or Uneven  
Terrain:               NoneD   Occasional D    SomeD   Frequent D   Continuous D

Handling and  
Dexterity:              NoneD   Occasional D    Some D   Frequent D   Continuous D



**MCS D 2041 EARLY RETURN TO WORK PROGRAM  
APPENDIX 7- LETTER TO EMPLOYEE, NOTICE OF RELEASE**

Date

Employee's Name

Address

City, State, Zip

Re: Modified Work

Dear

Dr. \_\_\_\_\_ has released you for modified work effective \_\_\_\_\_ He/She was supplied with a modified duty restriction form. The following job description will meet the restrictions of the doctor.

Your modified work duties are:

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This job will continue until you are released by your physician for regular duty or until further notice from this office.

You are to report to your supervisor or Human Resources Department on \_\_\_\_\_ at \_\_\_\_\_. You will work from \_\_\_\_\_ to \_\_\_\_\_ for a total of \_\_\_\_\_ hours per day. Your hourly wage will be \_\_\_\_\_.

Failure to report for work as stated above will result in a termination of your temporary total benefits.

You are expected to work all available hours and will not be compensated for lost time which has not been approved by your physician.

\_\_\_\_\_  
Supervisor Date

\_\_\_\_\_  
Employee Date

**MCSD 2041 EARLY RETURN TO WORK PROGRAM  
APPENDIX 8- MODIFIED WORK ASSIGNMENT**

Employee **Name**:----- Date: \_\_\_\_\_

Job **Title**:-----  
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I understand that I am temporarily assigned **to**:-----

My duties will include: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My pay for this work will be: \_\_\_\_\_ per \_\_\_\_\_

I also understand that the following limitations have been prescribed by the physician and I will not exceed these limitations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected date of return to regular employment or reevaluation of my physical capabilities is:

\_\_\_\_\_  
Date

I understand that all rules and district policies apply to employees working in a modified or alternative position.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of RTW Coordinator

\_\_\_\_\_