

## Return to Work Program

### *Table of Contents*

RTW Policy Statement .....	1
The Benefits of a Return to Work (RTW) Program .....	2
RTW Program Best Practices .....	3
The Return to Work Partners (Roles and Responsibilities).....	5-6
Return to Work Policy.....	7
Steps of a Return to Work Program .....	8
Develop Individualized Return to Work Plans.....	9-10
Evaluating the RTW Program.....	11
Letter to Employee’s Bargaining Unit Representative .....	Appendix A
Letter to Employee.....	Appendix B
Release of Medical Information .....	Appendix C
Letter to Treating Doctor .....	Appendix D
Transitional Assignment ( <u>Form RTW-6</u> ).....	Appendix E
Letter to Supervisor .....	Appendix F
Plan Development Worksheet ( <u>Form RTW-1</u> ).....	Appendix G
Individual Return to Work Plan .....	Appendix H
Guide for Writing Job Descriptions .....	Appendix I
How to Use the Physical Demands Task Assessment.....	Appendix J
Physical Demands Task Assessment ( <u>Form RTW-2</u> ).....	Appendix K
Letter Making a Bona Fide Offer of Employment ( <u>Form RTW-5</u> ).....	Appendix L
<i>Answers to Your Questions about Returning to Work</i> .....	Appendix M

## **Return to Work Policy Statement**

In fulfilling this organization's commitment to provide a safe and healthy working environment, a Return to Work Program has been established for employees who have sustained a workplace injury or illness.

ABC Company is committed to providing opportunities for an employee who is injured on the job to return to work at full duty as soon as medically possible. If the injured employee is not physically capable of returning to full duty right away, the program provides opportunities for the employee to perform his or her regular job with modifications or to perform alternate temporary work, for a defined period of time usually not to exceed four weeks in duration, that meets his or her physical capabilities.

ABC COMPANY will make every effort to facilitate the return to work of an employee, who is injured on the job, to return to work in a modified or alternative position, also known as light duty capacity, in accordance with the medical provider's recommendation. However, due to the varied nature of the services provided by ABC Company, light duty assignments will be considered on a case-by-case basis and are not guaranteed. Light duty assignments will be dependent on the needs of the department or unit, and will require the approval of the department supervisor and director.

If the physician of an employee injured during work determines that he or she will not be able to return to his or her regular duties, ABC COMPANY will make every effort to place the employee in a comparable alternative position similar in nature and earnings to his or her pre-injury position. If no suitable positions exist, we will refer the employee to vocational services that will help him or her find suitable employment with another employer. We will make every reasonable effort to facilitate the successful return to work of every employee who is injured on the job.

For further information about ABC COMPANY's Return to Work program, you may contact Mary Smith, Benefits Coordinator at ###-###-#### extension ###.

---

Jane Doe, Director Human Resources

## The Benefits of a Return to Work Program

Employers of all sizes need to pay attention to safety and the cost of workplace accidents to workers as well as to the employer's bottom line. While accident prevention is the best way to reduce overall injury costs, an effective workplace Return to Work (RTW) Program is the best way to manage cost and improve recovery after an injury has occurred.

***The longer an injured employee is absent from the workplace, the higher the costs will be to you and your carrier. Additional costs include lost productivity, overtime, decreased morale, increased premiums, and the costs of hiring and training a new employee if you must replace the injured employee.***

Essential to RTW programming is early assistance in helping injured employees return to work as soon as it is possible. Research and practical experience has shown that:

There is only a 50% chance that an injured employee will return to work after a six-month absence; this declines to a 25% chance following a one-year absence and is further reduced to a 1% chance after a two-year absence.

Early outreach and assistance allow the injured employee to maintain a positive connection to the workplace. RTW programs can alleviate many of the concerns, fears, and frustrations experienced by the employee following a workplace injury.

RTW program development will enable all stakeholders to work together in an integrated and enhanced fashion. Furthermore, a RTW program improves communication and clarifies the roles and responsibilities of each individual involved in helping the injured worker to return to work and stay at work.

A RTW program enables all employees, including non-injured and injured employees alike, to understand and have access to a process for resolving any difficulties that may be encountered at the work site during the period of transition back to work.

With a formal workplace RTW program in place, an individualized RTW plan can begin to be developed for injured employees immediately after each accident occurs. Predictable, fair, and consistent policies are most successful.

## Return to Work (RTW) Program Best Practices

1. Proactive “behaviors” in the workplace lead to successful RTW outcomes.
  - Management must invest resources and time in promoting the RTW Program.
  - Labor must support RTW programming and demonstrate support by including the RTW Program in collective bargaining agreements.
  - Commitment to safety issues is the accepted norm across the organization.
2. The employer trains supervisors in work disability prevention and includes them in RTW planning.
  - Supervisors are vital to the success of RTW due to their proximity to the injured employee and their ability to manage the immediate RTW environment.
  - Supervisors that are trained in the RTW process, taught to be positive and empathetic in early contacts with injured employees, and active in the RTW process have positive RTW program outcomes.
3. The employer contacts the injured or ill employee early.
  - Early contact is a core component of most disability management programs and helps the injured employee feel connected to his or her workplace. Contact *within the first week or two* is a guideline, but the actual time frame may vary depending on the employee’s specific situation.
  - If the injured employee feels the contact is a reflection of the employer’s concern about finances and not about his or her health this can adversely affect the RTW process.
4. The employer designates an individual to have the responsibility to coordinate RTW.
  - ABC COMPANY’s Benefit Coordinator is designated at the RTW Program Contact. The responsibility of the RTW Program Contact is to communicate all RTW program processes with all the stakeholders and is the gatekeeper of work restrictions. The RTW Program Contact assists the injured or ill employee to navigate through the healthcare system.
  - The RTW Program Contact can provide RTW supervisor training and help develop a pool of temporary assignments. Developing these transitional assignments is an ongoing process related to organizational change and the injured employee’s needs.
  - The RTW Program Contact should facilitate the development of written roles and responsibilities for all RTW partners to avoid role confusion and duplication of effort and to clarify expectations. The Program Contact should also facilitate the development of written roles and responsibilities for each RTW Committee for the same reasons.
5. The employer communicates with health care providers about the workplace demands, as needed, and with the injured employees’ consent.
  - Exchange paper-based information (e.g., information on job demands and/or work accommodation options sent to the treating physician by the employer); provide the physician with succinct and essential information about the employee’s job and workplace to assist with RTW planning.
  - Converse by telephone about work and job demands (initiated by either party).
  - Timely communication between the treating physician and the workplace, mediated by the employee or not, will provide for better RTW outcomes.
6. The employer makes an offer of transitional work to the injured or ill employee so he or she can return early and safely to work activities suitable to their functional capability.

- Offer of transitional work is the core element of disability management and requires many considerations – the employee’s functional capacity, functional impairment and limitations, and medically-based restrictions. A Work Accommodations Form (WAF) is completed by the treating physician and used to match the temporary transitional assignment.
- Return the employee to practices with which they are familiar and utilize ergonomic worksite assessments as a component of the RTW program.
- Identify a procedure for what to do when a transitional assignment offer is declined.
- Ensure assignments comply with all legal requirements including the American with Disabilities Act (ADAAA) and state workers’ compensation statutes.

7. The RTW Committee ensures that the Individual Return to Work Plan supports returning the employee without disadvantaging co-worker and supervisors. RTW planning is more than matching the injured employee’s physical restrictions to a job accommodation.

- Planning must acknowledge RTW as a socially fragile process, where co-workers and supervisors may be thrust into new relationships and routines. If others are disadvantaged by the RTW plan, this can lead to resentment towards the returning employee, rather than cooperation with the RTW process.

**Creative thinking in developing Individual Return to Work Plans that anticipate and avoid pitfalls will have better RTW outcomes.**

## The Return to Work Partners

The partners in the Return to Work (RTW) process include:

- Employer
- Injured Employee
- Injured Employee's Legal Representative
- Injured Employee's Health Care Provider(s)
- Union(s) (if there are unions at the work site)
- Supervisor or Manager
- Co-Worker(s)
- Carrier
- Workers' Compensation Board

## Roles and Responsibilities

### ***Employer Responsibilities***

- Provide a safe work environment
- Train employees on proper reporting of accidents and injuries
- Review the accident investigation report and address any job-related issues
- Provide information to employees about the workers' compensation system and benefits
- Promptly report job related injuries to the insurance carrier and file a C-2 form with the Workers' Compensation Board (WCB)
- Develop written RTW policies and procedures
- Make a commitment to return injured employees to their pre-injury employment whenever possible
- Designate a RTW Program Contact to coordinate the RTW program and communicate with employees
- Regularly communicate with the injured employee during the time away from work and monitor progress upon the injured employee's return
- Communicate early with the treating doctor and insurance carrier to encourage recovery and return to work
- Develop functional job descriptions and identify job requirements that clearly identify physical activities required to do the work
- Make every effort to develop and provide meaningful return to work opportunities comparable in nature and earnings to the pre-injury job
- Focus on a person's capabilities, not their disabilities Conduct open house of work site for area doctors
- Be proactive
- Provide a copy of the Workers' Compensation Board's *Answers to Your Questions about Returning to Work* to employees (See Appendix K)

### ***Employee Responsibilities***

- Know and follow safety policies and procedures
- Report any injury immediately to your supervisor and file a C-3 form with the Workers' Compensation Board (WCB)
- If medical attention is necessary, inform your treating doctor that return to work opportunities are available to accommodate your physical abilities
- Notify your supervisor if your physical condition changes and keep him or her apprised of your work status
- When your doctor releases you to return to work, report directly to your employer
- Follow your doctor's orders and restrictions at home and at work

### ***Insurance Carrier Responsibilities***

- Ensure proper administration of all workers' compensation claims
- Maintain communication with the injured employee, health care providers, the employer, the WCB, and injured employee legal representative
- Encourage and actively assist injured employees with successfully returning to work
- Authorize all necessary medical treatment promptly
- Work with employer on risk management and provide incentives for cooperation

### ***Health Care Provider Responsibilities***

- Provide appropriate, effective medical treatment that facilitates recovery and expedites return to productive work
- Treat all the effects of the injury, recognizing the possible psychological impact of the injury Set reasonable return to work and recovery goals from the beginning of treatment
- Complete and file a Transitional Assignment form for the employer, clearly indicating the employee's work status and physical abilities
- Work with the employer to encourage appropriate RTW opportunities
- File all prescribed forms and reports with the WCB and insurance carrier in a timely fashion, including FCE-4 and C-4 V R when requested

### ***Supervisor or Manager Responsibilities***

- Maintain fact finding – not fault finding – when conducting the accident investigation and documenting circumstances surrounding the injury
- Determine the essential duties of the pre-injury job
- Be flexible in providing suitable alternative jobs
- Maintain open communication with the injured employee and the Benefits Coordinator, to determine RTW expectations for the employee as early as practical
- Ensure the work performed is consistent with the agreed-to accommodation proposal
- Monitor the returning employee in order to prevent re-injury or aggravation
- Regularly follow-up with the Benefits Coordinator regarding your monitoring of the employee's progress and recovery
- Provide support and encouragement to injured employee

### ***Union Representative Responsibilities (if there are unions at the work site)***

- Participate in the Safety Committee meetings and Individual RTW Plan development
- Continuously monitor participants' progress in RTW program

### ***Attorney/Licensed Representative Responsibilities***

- Encourage and actively assist injured workers with successfully returning to work
- Work with the employer to encourage appropriate RTW opportunities
- Continuously monitor participants' progress in the RTW program
- Actively negotiate win/win solutions to avoid unnecessary litigation and delay

## Return to Work Policy

The Return to Work policy explains ABC COMPANY's RTW program to the workforce. ABC COMPANY's policy statement is a point of reference throughout the entire development and maintenance of our RTW program and sets the general ABC Company policy and guidelines for our program. The written policies and procedures provide for standardization of our company's response to RTW issues, and ensures that injured employees are treated fairly and consistently.

Our Return to Work policy demonstrates that we:

- Commit to provide meaningful employment to injured employees as soon as medically possible.
- Commit to return injured employees to his or her pre-injury employment as soon as medically possible, with accommodations or modifications if necessary.
- Communicate RTW policies and procedures to all employees in writing.
- Plan for communication with all parties, including the injured employee, the medical provider, the designated worker representative or union representative, and the Workers' Compensation Board (WCB).
- Ensure the injured employee's medical provider is given detailed information about the physical requirements of the pre-injury job to assist in determining the injured employee's ability to return to the pre-injury job, a modified job, or an alternative work assignment.
- Include the employer, employee, and worker representative in development of a written Individual RTW Plan for each injured employee.
- Monitor the employee's progress, recovery, and return to work, communicating with the treating physician and worker representative.
- Refer an injured employee for a vocational assessment and appropriate vocational services if he or she is unable to perform the essential duties of the pre-injury job or other suitable alternative job.
- Develop a method of evaluating the RTW program for appropriateness and effectiveness.

Our policy endeavors to provide employees with work-related illnesses or injuries with the best possible recovery program so that they may return to work with minimal emotional and financial disruption in their lives.

The success of our RTW program depends on employees understanding and adhering to their specified roles and responsibilities, which is outlined in our RTW Program policies and procedures.

Our policies and procedures, including a RTW Policy Statement that summarizes the whole, are distributed to all employees and employee representatives in methods and languages clearly understood by all employees. A great deal of care has gone into the development of a concise RTW Policy Statement.



## Steps in the Return to Work Program

1. After notification of a workplace injury or illness, ABC COMPANY will establish a RTW Committee, including the ABC COMPANY Benefit Coordinator, union representative of the injured employee (if applicable), the injured employee, and the injured employee's supervisor.
2. The Benefits Coordinator will contact the employee to provide information on the RTW program and ask them to sign a release for information, in the event it is requested by the treating physician.
3. Assign roles and responsibilities for each committee member including supervisors who will brain storm to try to accommodate for the medical restrictions are delineated by the employee's healthcare provider, and communicate with the employee and their bargaining representative, if applicable, and human resources personnel who will administer the benefits and implement the arrangements and ensure thorough communications between all parties, document and log all transaction.
4. The Benefit Coordinator will contact the insurance liaison to acquire the treating physician(s) information.
5. The Benefit Coordinator will inform the treating physician(s) of the existence of ABC COMPANY's Return to Work Program and provide a written job description that assesses the physical demands of the injured worker. The treating physician will also be asked to complete the Transitional Assignment Form.
6. Review the treating physician's report on the injured employee's ability to do his or her current job or transitional work. This information may be shared with members of the RTW Committee on a need to know basis.
7. The RTW Committee develops accommodations to the injured employee's job duties or recommendations for transitional work assignment, if necessary, using the Plan Development Worksheet.
8. The RTW Committee develops an Individualized RTW Plan, using the attached form.
9. Present the RTW Plan for approval up to the appropriate Asst. Executive Director.
10. If approved, provide a written bona fide transitional work offer to the injured employee, with a four week limit in duration.
11. Monitor the employee's progress, recovery, and return to work with adjustments and accommodations when necessary to ensure a successful outcome. Communicate this progress to the employee's treating physician.
12. Return injured employee to pre-injury job when employee is medically released for regular work.

## Develop Individual Return to Work Plans

An Individual Return to Work Plan lays out the steps that need to be taken to return an employee to his or her pre-injury job. The provision for transitional work is key to the success of our RTW program and is considered in all Individual RTW Plan. Transitional work activity can be a modified version of the injured employee's original job, the same job with reduced hours, or a combination of tasks from other positions. It can be full or part time, but should be a time-limited assignment, usually not to exceed four weeks in duration, and is directed toward the injured employee's full return to his or her pre-accident job. The work must be productive and suitable to maintain the employee's sense of worth.

To identify alternate assignments, determine:

- What necessary tasks could the injured employee perform?
- What tasks, now performed occasionally, need to be done more frequently?
- What tasks could be assigned to someone else?
- What arrangements would be feasible given feedback from coworkers as well?

The physical and other demands of the alternate jobs or assignments that ABC COMPANY develops are verified. It is most essential that the alternate jobs/tasks are within the limitations as prescribed by the injured employee's health care provider to ensure prevention of re-injury and the full rehabilitation of the employee.

The Plan is developed jointly by the Benefits Coordinator, the injured employee, the employee's supervisor, the employee's health care provider, and the union representative (if applicable), along with the injured employee's legal representative, if any. During recovery, injured employees need their capabilities emphasized rather than their limitations.

## The Goals of the Plan

Goals and timetables are established to help the injured employee achieve the final goal of returning to pre-injury employment, with accommodation if there is permanent disability.

The Plan includes a graduated work outline with appropriate time tables consistent with the treating physician's assessment of the injured employee's capabilities. Graduated work assigns an injured employee to appropriate transitional work activities as soon as he or she is medically released to perform any work.

The employee is expected to take on work of increasing complexity, duration, and/or physical difficulty. It is stressed that this is achieved in increments consistent with the treating physician's recommendations and with the goal of eventually returning the injured employee to his or her pre-injury job at full capacity or with modifications to accommodate any permanent disabilities.

The plan have a beginning and an end. It includes a clear definition of what is considered progress (e.g., the employee can work five hours a day by week three, or the employee can assume a certain task by week four).

The plan includes the responsibilities of the employee, the supervisor or manager, and any co-worker who will be assisting the injured employee, and the actions each must take to achieve the RTW Plan goal.

**Note: Most transitional assignments should last no more than 8-12 weeks. Every RTW assignment has a start and end date and must be approved by the Asst. Executive Director. Circumstances may require that these be modified from time to time, but they should never be open-ended.**

See Appendix E for a Individual Return to Work Plan Form.

### **Health Care Needs**

If the injured employee is going to attend health or medical appointments during working hours, these visits must be coordinated with the requirements of the proposed Individual Return to Work Plan.

See Appendix B for a Letter to Treating Doctor.

See Appendix C for a Release of Medical Information.

## Evaluating Our Return to Work Program

RTW programs allow employers to take a proactive approach in assisting injured workers to return to safe and productive work activities as soon as possible following an injury. An effective RTW program can provide many benefits to all partners in the return to work process.

Evaluation is critical to identifying the strengths and weaknesses in our RTW program and increasing its efficacy. Information obtained through an evaluation facilitates continuous improvement.

Our evaluation:

- Is conducted by staff who are knowledgeable about the RTW program; preferably those who are involved in RTW functions regularly.
- Is conducted annually.
- Is designed to measure specified and quantifiable data points: number/percentage of loss time cases that are eligible for RTW program; number/percentage of eligible cases that result in successful RTW alternate duty placement; number/percentage of those who successfully return to original full duty; number/percentage of those cases that return to permanent accommodations; average Individual Return to Work Plan duration, cost of accommodations or modifications for the injured employee, cost of Workers' Compensation premiums, cost of medical and indemnity benefits paid, amount of lost time, the rate of injured employee retention, injured employee satisfaction with the RTW program, and other relevant points.
- Draws conclusions about the appropriateness and effectiveness of the RTW program from current year data compared with past year data.
- Results in changes to and modifications of the RTW program.

Annual evaluations ensure that program objectives are consistently met and maintain the integrity and efficacy of our RTW program.

Date

Re: Name of Injured Employee

Dear \_\_\_\_\_, Bargaining Unit Representative:

We are sorry that one of your members has suffered an injury on the job with ABC COMPANY. As you may know, ABC COMPANY has an active Early Return-to-Work Program. Your member may be eligible to return to work on transitional duty, aka "light duty", for a limited period of time as part of their rehabilitation to full duty. The Early Return-to-Work Program attempts to coordinate your member's medical restrictions as set out by their doctor, with a potential transitional job through temporary accommodations designed by your member's supervisor or others in the ABC COMPANY. You are invited, encouraged and expected to serve on the RTW Committee for your member.

However, due to the varied nature of the services provided by ABC Company, light duty assignments will be considered on a case-by-case basis and may not be appropriate for certain programs and job titles. Light duty assignments will be dependent on the needs of the department/unit and will require the approval of the department supervisor and director.

Please be advised, that participation in this Program will in no way compromise, or affect, your member's medical coverage under the Workers' Compensation benefits system (so long as they utilize a Workers' Comp medical provider).

We have sent a similar letter directly to the employee. Please do reach out to them to encourage them to participate in this program and help expedite this process and their return to work as soon as possible. If you have any questions regarding the Early Return to Work program, please call me at ###-###-#### extension ###..

Sincerely,

Mary Smith  
Benefits Coordinator

Appendix A

Date

Dear \_\_\_\_\_:

We are sorry that you have suffered an injury on the job with ABC COMPANY. As you may know, ABC COMPANY has an active Early Return-to-Work Program. You may be eligible to return to work on transitional duty, aka "light duty", for a limited period of time as part of your rehabilitation to full duty. The Early Return-to-Work Program attempts to coordinate your medical restrictions as set out by your doctor, with a potential transitional job through temporary accommodations designed by your supervisor or others in the ABC COMPANY.

However, due to the varied nature of the services provided by ABC Company, light duty assignments will be considered on a case-by-case basis and may not be appropriate for certain departments, units and job titles. Light duty assignments will be dependent on the needs of the department or unit and will require the approval of the department supervisor and director.

Please be advised, that participation in this Program will in no way compromise, or affect, your medical coverage under the Workers' Compensation benefits system (so long as you utilize a Workers' Comp medical provider).

Please sign and return the attached/enclosed Medical Release form (within 7 days) to help expedite this process. If you have any questions regarding the Early Return to Work program, please call me at ###-###-#### extension ####.. We wish you a speedy recovery and hope all goes well.

Sincerely,

Mary Smith  
Benefits Coordinator

Appendix B

**AUTHORITY TO RELEASE MEDICAL INFORMATION**

*Employee Name:* \_\_\_\_\_

I authorize \_\_\_\_\_ to release medical information to my employer, ABC  
COMPANY,  
*(name of treating doctor)*

ADDRESS CITY ST ZIP, regarding my on the job injury that occurred on \_\_\_\_\_.  
*(date of injury)*

This information is confidential and may not be used for any purpose other than facilitating the  
claimant's return to work.

This information may facilitate my return to medically appropriate productive work.

*Print Employee Name* \_\_\_\_\_

*Employee Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

## Letter to Treating Doctor

*(Date of letter)*

*(Doctor's name and address)*

Subject: *(Employee's name and date of injury)*

Dear Dr. \_\_\_\_\_:

ABC COMPANY family of Services has implemented a return to work program designed to return any injured employee to medically appropriate work as soon as possible.

Enclosed is a detailed job description for the regular job of the employee named above, which may be modified, if possible, to meet medical restrictions that may be assigned. If our employee is unable to return to his or her regular job, we will attempt to find an appropriate alternate work assignment for a finite period of time usually not to exceed four weeks in duration. We will ensure that any assignment meets all medical requirements as directed toward your specific treatment strategies. We will consider re-arranging work schedules around medical appointments if necessary. To that end, we request that you complete the enclosed Transitional Assignments Form with as much detail as possible.

If you need additional information about a possible work assignment or about our return to work program, please call Mary Smith, Benefits Coordinator at ###-###-#### extension ###. Our insurance carrier is New York State Insurance Fund, 199 Church Street, New York, 10007 or 212-312-9000.

Thank you for your participation in our efforts to return our employees to a safe and productive workplace.

Sincerely,

Mary Smith  
Benefits Coordinator

Enc: Signed authorization  
Job descriptions and task analysis  
Transitional Assignment Form

Appendix D



## TRANSITIONAL ASSIGNMENT

To: (Physician Name)

From: Mary Smith, Benefits Coordinator

Date:

Re: Transitional Work Assignment

ABC COMPANY Family of Services has a Return to Work (RTW) program designed to help an employee reach full recovery following an occupational injury/illness. By completing this form the department may assist the employee in finding a temporary transitional assignment that matches his/her current work capability. Please fill out only what is applicable and return form to the employee or Fax to the number below. If you have any questions regarding the transitional assignment or additional RTW program questions, please contact me at ###-###-#### extension ###. Fax the completed form to ###-###-####.

1. Positioning: Indicate which of the following should be *avoided in each area*:  
 Prolonged Standing     Bending     Twisting     Reaching Overhead  
 Walking     Prolonged Sitting     Leaning Forward     Crawling     Climbing  
 Squatting  
Other \_\_\_\_\_
2. Material Handling: Please indicate which of the following situations should be avoided:  
 Lifting over 10 lbs.     Lifting over 25 lbs.     Lifting over 50 lbs.  
 Carrying object     Lifting object off floor     Carrying objects  
 Lifting objects off floor     Lifting objects above shoulders     Pushing objects  
 Pulling objects  
Other \_\_\_\_\_
3. Repetitive Motion: Please indicate which of the following activities should be avoided:  
 Keyboarding    Other \_\_\_\_\_
4. Time Limitation - for temporary transitional assignment:  
 Number of hours/per day     Number of days/per week  
Estimate the length of temporary transitional assignment:  
 1-5 days     2 weeks     3 weeks     4 weeks     5 weeks     6 weeks  
 greater than 6 weeks  
Date of next visit \_\_\_\_\_

Date temporary transitional assignment can begin \_\_\_\_\_. Date estimated to return to regular activities \_\_\_\_\_.

Program is not appropriate at this time because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician Approval \_\_\_\_\_ Date \_\_\_\_\_

To: *Supervisor*  
From: Mary Smith, Benefits Coordinator

Re: Employee Name  
Transitional Duty & Return to Work Plan

The above employee is out on a work related injury. As per our Return To Work Program protocols, you are on this individual's Return to Work Committee.

~~Please refer to the medical restrictions from their healthcare provider attached. Based on this information and the list of the employee's current capabilities, please consider if there may be a potential to construct a transitional duty position in accordance with this individual's recovery and ultimate return to work to their original duties as soon as possible. Accommodations should be considered to meet the capabilities and the abilities of what the employee has been indicated they can do as per their healthcare provider's indications. Accommodations should be considered as much and as often as feasible, but should not pose an unreasonable burden to the operation. Transitional schedule should be planned to last no more than 12 weeks. Viability of the Return-to-Work Plan will be re-~~  
~~visited periodically as appropriate to ensure the potential for accommodations are fully~~  
explored, or accommodations are, in fact, appropriate, and when full return to duty is in order and medically appropriate.

As with all medical information about our clients and employees, please remember that you are an authorized employee with regards to access to such information. This type of information is considered private. It should only be discussed on a "*minimum necessary*" basis and not be discussed outside of operational necessity.

Appendix F

---

## RTW Plan Development Worksheet

Employee Name:	Committee Members (list below):
Work Program:	Supervisor:
Job Title:	Director:
Date of Injury:	Union Representative (if any):

Functional Abilities	Restriction(s)	Restriction End Date

**RTW Committee Comments:**


**RTW Committee Recommendation:**


Instructions: Circle "Agree" or "Disagree" to signify your agreement or disagreement with the RTW committee recommendation(s) and sign your name in the appropriate box. If you disagree with the recommendation(s), please add a comment below.

Circle one Below:		Sign below:
Agree	Disagree	Benefits Coordinator:
Agree	Disagree	Supervisor:
Agree	Disagree	Director:
Agree	Disagree	Union Representative (if any):

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

INDIVIDUAL RETURN TO WORK PLAN			
Workplace:		Location:	
Employee Full Name:		Date of Birth:	
Claim No.:			
Job Injury:			
Date Injury Occurred:			
Phone:			
Plan Start Date:		Plan Finish Date or Event:	
Limitations:			
Physician Name:		Date Contacted:	
Functional Abilities (what can the employee do):			
<b>Return to Work Objective: (X in appropriate box)</b>			
<input type="checkbox"/>	(A) Pre-injury job	<input type="checkbox"/>	(C) Return to alternate job
<input type="checkbox"/>	(B) Pre-injury job with accommodations	<input type="checkbox"/>	(D) Other:
<b>Specify Agreed Objective:</b>			
<b>ACTIONS</b>	<b>Due Date:</b>	<b>Review Date:</b>	
<b>Employee:</b>			
<b>Supervisor:</b>			
Name:			
Modification to the work duties required?		Yes	No
Specify:			
Training required?		Yes	No
Specify:			

Modifications to work site required?				Yes		No	
Specify:							
<b>Graduated Work Plan</b>							
Week	Scheduled hours/days:	Duties:					
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

**I have read the above notice:** \_\_\_\_\_  
 Supervisor Signature Date

**We have agreed to this plan:** \_\_\_\_\_  
 Employee Signature Date

**Plan approved:** \_\_\_\_\_  
 Supervisor Signature Date

\_\_\_\_\_  
 Director Signature Date

## Guide for Writing Job Descriptions

To write a job description, list the information requested for each section using the guidelines provided.

<b>SECTION</b>	<b>GUIDELINES</b>
<b>Job Title</b>	Provide the title and the location of the job, if appropriate.
<b>Purpose of Job</b>	Focus on outcomes of the job rather than process. List required expectations and special requirements. List shift or hours worked, full or part-time.
<b>Education &amp; Work Experience</b>	Describe required or desired licenses, certifications, number of years' experience, training, and other qualifications.
<b>Skill Requirements</b>	Relate all pertinent skill requirements to job functions when possible.
<b>Job Functions</b>	Answer these questions when describing essential and marginal job functions: Does the job exist to perform this function? Would removing this task fundamentally change the job?
<b>Job Duties</b>	Be as specific as possible. State how frequently a task is performed and what equipment, tools, and materials are used.
<b>Physical Demands</b>	Be very specific. Use measurements, frequency, and duration. Describe body position, required exertion, and parts of the body used. Give hours per day spent performing each function.
<b>Environmental Conditions</b>	Describe temperature, hazards, and other conditions.

## How to Use the Physical Demands Task Assessment

Many types of assessment and analysis tools are available. This assessment asks you to describe a task and show information about the physical demands and environmental conditions of the injured employee's position so his or her treating physician may make an informed decision about the employee's ability to return to his or her pre-injury job.

Follow these steps for completing the assessment.

1. Use these definitions to complete the top of the form:

**Task Title:** Name of the task being assessed. **Date:** Date the form is completed.

**Analyst:** Name of the person making the assessment.

**Task Duration:** Number of hours the employee spends doing this task during one day. *With Breaks:* Whether the employee doing the task takes breaks.

**Overtime:** Average number of hours of overtime the employee typically works per day/week.

**Task Description:** A brief description of the task (Use the tasks inventory form to list the steps of each task).

2. Fill in Sections 1 through 5 and make any additional comments.

### Section 1: Postures

Observe the employee's postures (standing, sitting, walking, or driving) during the task. First, circle the number of hours the employee stays in a posture without changing. Second, circle the total (or cumulative) number of hours that the employee is in a posture while doing this task throughout the day.

### Section 2: Lifting and Carrying

Observe any manual lifting and carrying during the task. For each category of weight, mark how frequently the weight must be lifted or carried. If the employee never lifts this amount of weight, mark "0 percent." If the employee lifts this weight less than one-third and two-thirds of the day, mark "occasionally"; between one-third and two-thirds of the day, mark "frequently"; and more than two-thirds, mark "constantly." For each weight, say how high the load must be lifted (example: a box is lifted from the floor to waist height, about three feet) and how far the weight is carried (example: from the dock to the processing table, about 20 feet).

### Section 3: Actions and Motions

Observe the different actions and motions during the task. Write a description that explains why the employee must take action or motion (example: pushes mail cart across room). Show the total amount of time during the day the employee does each action or motion using these definitions.

Pushing      Moving an object away from you, including kicking, slapping, pressing, and striking an object.  
*Example:* Pushing a dolly.

Pulling      Moving an object towards you, including jerking or sliding an object.  
*Example:* Dragging a box across the floor toward you.

- Climbing Using your legs, arms, hands, or feet to move up or down a structure such as stairs, ladders, scaffolds, and ramps.  
*Example:* Dragging a box across the floor toward you.
- Balancing Moving in a manner that requires you to keep from falling because of unstable surfaces such as slippery, moving, or narrow spaces.  
*Example:* Replacing shingles on a steep roof.
- Bending Using your back and legs to bend forward and downward.  
*Example:* Leaning over a car engine to do repairs.
- Twisting Rotating your upper body in a different direction than your lower body.  
*Example:* Reaching behind you to pick up parts while you remain seated at a machine.
- Squatting Lowering your body by bending at the knees.  
*Example:* Crawling through a crawl space to get to plumbing.
- Kneeling Lowering your body onto one knee or both knees.  
*Example:* Kneeling on one knee to remove a flat tire from a car.
- Reaching Moving your hands and arms toward an object at arm's length in any direction from your body.  
*Example:* Reaching upward to change an overhead light bulb.
- Handling Using your hands to hold, grasp, grip, or turn an object.  
*Example:* Holding a drill while drilling holes.
- Fingering Using your fingers to pinch, pick, or manipulate objects, especially small ones.  
*Example:* Picking up nuts and placing them on bolts.
- Feeling Using your hands and fingers to perceive the shape, size, temperature, or other characteristic of an object.  
*Example:* Laying your hand on the hood of a car to check for heat.
- Repetitive Using your feet or hands continuously in the same motion or motions.  
*Example:* Typing at a computer or using a foot pedal on a sewing machine.

#### **Section 4: Equipment**

Observe any equipment, tools, or machinery the employee uses during the task. Describe the name or type of each tool, piece of equipment, or machine. Mark how often it is used: never, occasionally, frequently, or constantly. Note any other information about the physical demands of operating equipment.

#### **Section 5: Environmental Conditions**

Observe the environmental conditions the employee is exposed to during the task, such as vibration, noise, and heat or cold. For each condition, describe the specific type of environmental condition, then list the frequency of exposure: never, occasionally, frequently, or constantly. Note any other information about the physical demands of working in this environmental condition.



## PHYSICAL DEMANDS TASK ASSESSMENT

Task Title: \_\_\_\_\_ Date: \_\_\_\_\_

Duration of Task (hours/day): \_\_\_\_\_ With breaks: Yes  No

Average Weekly Overtime Hours: \_\_\_\_\_ Analyst: \_\_\_\_\_

Task Description: \_\_\_\_\_

### 1. Postures:

<b>Stand:</b> Hours at one time:	0	1/2	1	2	3	4	5	6	7	8	8+
Total hours per day:	0	1/2	1	2	3	4	5	6	7	8	8+
<b>Sit:</b> Hours at one time:	0	1/2	1	2	3	4	5	6	7	8	8+
Total hours per day:	0	1/2	1	2	3	4	5	6	7	8	8+
<b>Walk:</b> Hours at one time:	0	1/2	1	2	3	4	5	6	7	8	8+
Total hours per day:	0	1/2	1	2	3	4	5	6	7	8	8+
<b>Drive:</b> Hours at one time:	0	1/2	1	2	3	4	5	6	7	8	8+
Total hours per day:	0	1/2	1	2	3	4	5	6	7	8	8+

### 2. Lifting/Carrying:

	Not Present 0%	Occasionally 0-33%	Frequently 34-66%	Constantly 67-100%	Height of Lift	Distance of Carry
1-10 lbs.						
11-20 lbs.						
21-50 lbs.						
51-100 lbs.						
> 100 lbs.						

3. Actions and motions:

	Not Present 0%	Occasionally 0-33%	Frequently 34-66%	Constantly 67-100%	Description
Pushing					
Pulling					
Climbing					
Balancing					
Bending					
Twisting					
Squatting					
Crawling					
Kneeling					
Reaching					
Handling					
Fingering					
Feeling					
Repetitive					
Hand Motion					
Foot Motion					

4. Equipment:

	Not Present 0%	Occasionally 0-33%	Frequently 34-66%	Constantly 67-100%	Description
Tools					
Machinery					
Equipment					

5. Environmental Conditions:

	Not Present 0%	Occasionally 0-33%	Frequently 34-66%	Constantly 67-100%	Description
Vibration					
Noise					
Extreme heat					
Extreme cold					
Wet/humid					
Moving parts					
Chemicals					
Electricity					
Radiation					
Other_____					

Comments:

---



---



---



---



---



---



---

*(Certified Mail – Return Receipt)*  
*(Date)*

*(Employee name)*  
*(Employee address line 1)*  
*(Employee address line 2)*  
*(City, State, Zip)*

Re: Bona Fide Offer of Employment

Dear *(Employee Name)*:

After reviewing information provided by your doctor, we are pleased to offer you the following temporary work assignment. Please see the attached Individual Return to Work Plan for details.

We believe this assignment is within your capabilities as described by your doctor on the attached Transitional Work Assignment Form. You will only be assigned tasks consistent with your physical abilities, skills, and knowledge. If any training is required to do this assignment, it will be provided.

Job Title:

Location:

Duration of Assignment:

Wages:

Department:

This job offer will remain available for ten (10) business days from your receipt of this letter. If we do not hear from you within ten (10) business days, we will assume that you have refused this offer. Please note that refusal of an employment offer may impact your Temporary Income Benefit payments.

We look forward to your return. If you have any questions, please do not hesitate to contact me.

Sincerely,

*Mary Smith, Benefits Coordinator*

*ADDRESS*

*CITY ST ZIP*

*###-###-#### extension*

*###. Fax ###-###-####*

Appendix L

## Answers to Your Questions About Returning to Work

Most people who get workers' compensation benefits return to work. Here are answers to some questions you may have about going back to work after an on-the-job injury.

### **Q1: What are the benefits of returning to work?**

A: A quick return to an active life may help you get better faster. Returning to work also may increase your income and benefits over time. A job also provides friendships on and off the job. But, your workers' compensation payments will never reach the amount of your full pay. You may not get pay raises or promotions while you are out of work.

### **Q2: What will happen to my workers' compensation payments if I return to work?**

A: That depends on a few things, such as how much you earned before your injury. If your new pay rate is lower because of your disability, you could get part of your benefit to make up for your decreased wages. This is called a "reduced earnings" benefit.

### **Q3: Can I still get medical treatment for my work-related injury after I return to work?**

A: Yes. You can also ask to be paid for your travel costs to and from treatment. You can be repaid for the cost of medications and some other items prescribed by your doctor as well.

### **Q4: Should I let anyone know when I return to work?**

A: Yes. You or your attorney or representative should tell the Workers' Compensation Board the insurance carrier, your supervisor and the ABC COMPANY Benefits Coordinator when you return to work. Also, let the Board and insurer know whenever your work status changes.

### **Q5: I have gone back to work, but sometimes lose time due to my work-related injury. Can I get paid for the days I miss?**

A: Yes, you can receive workers' compensation benefits. If you are sometimes absent from work because of your work-related injury, this is called "Intermittent Lost Time." You must tell the Workers' Compensation Board and your insurer. Please keep careful records of your lost time and your pay stubs.

### **Q6: When I go back to work, can I still claim workers' compensation for the time when I was hurt and could not work?**

A: Yes. You have up to two years after your workplace injury to file a workers' compensation claim. This is true even if you have already returned to work.

### **Q7: Does my employer have to keep my job open for me while I am out due to my workplace injury?**

A: The Workers' Compensation Law does not require your employer to keep your job open for you. Keep in contact with your employer about your job status. The federal Family and Medical Leave Act (FMLA) requires some employers to provide up to 12 weeks of unpaid leave during a twelve-month period to an eligible employee who cannot work because of a serious health condition.

### **Q10: Can a new employer refuse to give me a job because I have a compensation case?**

A: Employers are not allowed to ask you if you have had a workers' compensation claim. They cannot deny you a job for filing a past claim, either. The Workers' Compensation Board cannot share your workers' compensation case with another employer.

### **Q11: Can an employer deny me a job because I have a disability?**

A: No. The Americans with Disabilities Act (ADA) bans discrimination against qualified job seekers with disabilities. The employer may even need to provide a "reasonable accommodation" to help a disabled person do the job. You should contact the U.S. Equal Employment Opportunity Commission (EEOC) if you think that you were unfairly denied a job because of a disability. The ADA covers employers with 15 or more employees.

New York State's Human Rights law also prohibits disability discrimination and covers employers with four or more employees. You can call them at 1-888-392-3644.

**Q12: What happens if I return to work and find I cannot do the work?**

A: If you go back to work but are unable to continue working due to your prior workplace injury, you may be able to reopen your case and collect benefits again. You may want to ask your employer for a short-term job that you can do. You can request changes to your job so you can do your work, as well. The Workers' Compensation Board's rehabilitation staff can help you find work you can do or retraining programs. Call them at 1-800-580-6665.

**Q13: I was told that I have a partial disability. What does that mean?**

A: There are two main levels of disability in workers' compensation. One is total disability, when a worker cannot earn any wages and his or her daily activities are limited. The other is a partial disability. A worker with a partial disability has lost some ability to earn wages and do normal, daily activities. He or she may still be able to do some work, such as part-time work or lighter work than his or her former job.

**Q14: What should I do if I have a partial disability?**

A: If you have a partial disability, you must still look for and accept work you can do. Contact your employer to see if you can return to your job. Let your employer know if you need any changes so that you can do your job. Ask if you can be offered some other work to ease your return to work. If your wages are reduced as a result of your disability, you may be eligible for a "reduced earnings" benefit. You could lose your benefits if you fail to make a good faith effort to return to work. This is called "Voluntary Withdrawal from the Labor Market."

**Q15: If I am unable to do my usual type of work because of my injury, does the Workers' Compensation Board offer help in finding work or training for persons with disabilities?**

A: Yes. Contact the local Board district office near you and ask to speak with our vocational rehabilitation counselors or social workers.

**Q16: What types of rehabilitation services are available?**

A: NYS Department of Labor Our staff will meet with you to find out what services can help you. You may be sent to a job placement or training agency. Other services include career or job counseling. They can help you fill out job applications, write resumes, and get ready for a job interview. They can also help you handle the hard questions, explain gaps in your resume, or request a job accommodation. Social workers can work with you to help you cope with your injury or disability. They can also help you prepare to return to work. They can connect you with other programs, such as child care, financial assistance, or services for persons with disabilities.

**Q17: Will my benefits be reduced or ended if I take part in rehabilitation?**

A: No. Taking part in a rehabilitation program will not hurt your case.

**Q18: Are vocational services available to me outside of the workers' compensation program?**

A: Yes. There are two public agencies that provide aid to workers with disabilities who are trying to return to work.

- The NYS Department of Labor operates One Stop Centers, where Workforce Professionals help you get a job. For the office nearest you, call (888) 4NYS DOL (469-7365).
- VESID (Vocational and Educational Services for Persons with Disabilities) is another good resource. To find the office nearest you, call (800) 222-JOBS (5627).

There are similar agencies in every state. To find the office nearest you, please contact (800) 877-1373 and ask to speak to the Manhattan Rehabilitation Bureau.

**Q19: What is workers' compensation fraud?**

A: An injured worker commits fraud when he or she lies or does not tell the whole truth about the facts in his or her case in order to receive workers' compensation benefits. This includes exaggerating the impact of your disability, or failing to report working while you receive benefits, including work "off-the-books." Fraud is a crime: your benefits may stop and you could go to jail.