

STATE FUND
RETURN TO WORK:

Developing and Maintaining a Successful
Return To Work Program

STATE
COMPENSATION
INSURANCE
FUND

Helping employees return
to work after a job-related
injury or illness.



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Return to Work Program

Introduction

It is critical that companies of all sizes focus on loss prevention to curb the cost of workers' compensation insurance. Programs that help limit loss exposure should be an essential part of your company's cost-containment efforts.

One such cost-containment program is called Return to Work. It consists of creating ways to bring injured employees back to work as soon as possible after their injuries, then carefully monitoring their progress until they return to full duty. Return to Work programs empower employers to manage their workers' compensation costs and their injured employees.

Studies have consistently shown that the longer an injured employee is off work, the greater the likelihood of permanent disability becomes. Injured employees who do not return to work within six months have only a 50 percent chance of ever returning to the jobs they held at the time of injury. After more than one year, the chances of an injured employee returning to his or her same job decrease to less than 10 percent. However, studies have shown that injured employees will return to work sooner and more often if they are encouraged to do so.

Once an employee is injured, the key is getting the employee back on the job as soon as possible in some capacity. Injured employees often may perform transitional, temporary modified, or alternative work while recovering. This is the first step toward their eventual return to full duty and offers employers several other direct benefits:

- **Return to Work programs can significantly reduce temporary disability (TD) payments.** Temporary disability is one of the most expensive factors in workers' compensation costs. Valuable employees are paid two-thirds of their weekly wage (up to the statutory maximum) for staying home. This is tax-free.
- **By bringing people back to work, Return to Work programs increase productivity.** Work habits and working relationships don't have a chance to degenerate. You know where your employee is and how he or she is doing.
- **Return to Work programs can greatly reduce claims costs.** Studies have shown that an effective Return to Work program can impact all types of workers' compensation benefits.
- **Return to Work programs return a large measure of control to the employer.** Return to Work programs afford the employer the opportunity to reduce costs, monitor the employee's progress, and have a positive effect on the resolution of the claim.
- **Return to Work programs promote better morale and retention of valuable trained employees.** Return to Work reduces the negative financial impact on the injured employee and demonstrates the employer's concern for his or her welfare. Retraining a valuable employee avoids the training costs of hiring a new employee.
- **Injured employees experience faster recoveries when back at work.**
- **Return to Work programs discourage fraudulent claims.**

- **Accommodating disabilities and helping to place injured employees may help your company comply with the Americans with Disabilities Act (ADA) and the Fair Employment & Housing Act (FEHA).**
- **A Return to Work program is a win-win proposition.**

This *Developing and Maintaining a Successful Return to Work Program* binder was created to help you establish an effective Return to Work program. It contains a variety of materials that will assist you with:

- Developing your program.
- Learning the roles and responsibilities of employers, coordinators, supervisors, and employees in a Return to Work program.
- Accurately assessing the physical demands of injured employees' jobs.
- Knowing what you should do when an injury occurs.
- Discovering ways you can develop jobs so injured employees can return earlier.
- Working with physicians to encourage early returns to work.
- Learning how early returns can benefit both you and your employees.

Once you've reviewed the enclosed material, contact your State Fund claims representative or Return to Work coordinator if you need additional assistance.

Developing Your Program

Building your Return to Work Program

Here are the steps you'll need to take to build a Return to Work program.

- Step One:** Assess how you currently handle your employees after a job-related injury or illness.
- Step Two:** Plan your Return to Work program and put it in writing. Train the employees involved in administering your workers' compensation program. Inform and educate your employees about the program.
- Step Three:** Implement your program.
- Step Four:** Evaluate the success of your program and make modifications or improvements as necessary.

To help you, we've included information such as:

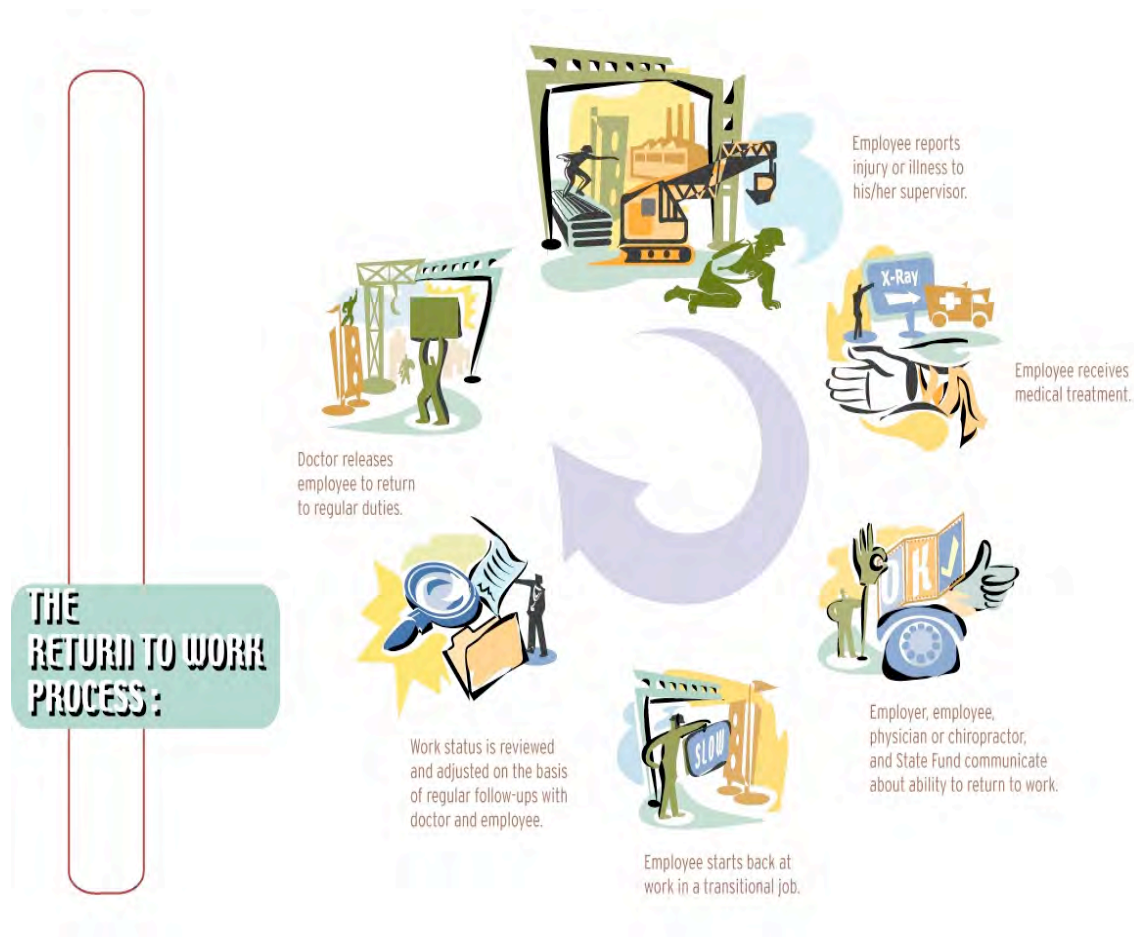
- Lists identifying responsibilities for employers, coordinators, supervisors, and employees in a Return to Work program.
- How to assess the physical requirements of an injured employee's job.
- Definitions of the different types of temporary transitional work.
- Details about how you can modify positions for early returns.
- Some ideas for how employers, even small employers, can find innovative ways to create return to work job possibilities.
- Instructions for how to help employees make early returns.
- Wage-loss and case studies showing how you can save money on claims costs when employees make early returns, even if only on a part-time basis.
- Examples of Return to Work programs that you can adopt as written or modify to fit the needs of your company.

Advocating Early Returns

When employees suffer job-related injuries or illnesses, you will want to do everything you can to help them recover and return to work. This is why developing a Return to Work program is so important. Return to Work programs help ensure smooth, earlier transitions from injury and illness to productivity. This is also one of the best ways to keep workers' compensation costs under control.

The most important component of a Return to Work program is promoting early returns. To promote early returns, you will:

- Take a proactive role in talking with your employees about their injuries and abilities to return to work.
- Make reasonable efforts to offer transitional jobs that safely bring employees back to work as early as possible.
- Follow the progress of your injured employees closely until they return to regular duty.



1. Employee reports injury or illness to his or her supervisor.
2. Employee receives medical treatment.
3. Employer, employee, physician, and State Fund communicate about ability to return to work.
4. Employee starts back to work in a transitional job.
5. Work status is reviewed and adjusted on the basis of regular follow-ups with doctor and employee.
6. Doctor releases employee to return to regular duties.

The Earlier, the Better

Returning your employees to work as early as possible can help your company:

- Gain control, direction, and an increased opportunity for a positive resolution of the claim.
- Retain the services of your valuable trained employee.
- Avoid the replacement and training costs of hiring a new employee.
- Reduce the temporary disability (TD) payments, one of the most expensive components in workers' compensation.
- Promote quicker recoveries, since injured employees typically recover faster when they are back at work.
- Reduce medical costs.
- Discourage the filing of fraudulent claims.
- Promote better morale among all employees.
- Increase the awareness of safe work practices and injury prevention among all employees.

Research has consistently shown that the longer an injured employee is off work, the more likely the employee is to become permanently disabled.

Injured employees who do not return to work within 6 months have a 50 percent chance of ever returning to the job they held at the time of injury. After more than one year, the chance of an injured employee returning decreases to less than 10 percent.

How to Begin

To start building your Return to Work program, designate at least one person in your company to learn about how these programs operate and how to set them up. If you need additional resources or assistance, call your State Fund Return to Work coordinator. He or she will be happy to give you the guidance and feedback you need to create an efficient, effective program.

Next you'll need to form a team to set up and review your new Return to Work program. For a small company, this team could consist of you and a key manager or supervisor. For a large organization, this team could be staff members who are dedicated to handling workers' compensation claims.

Once you've created your team, schedule a meeting to review the status of any Return to Work programs or procedures you may already have in place. You'll want to ask yourself these questions:

- Do we have a company Return to Work program that covers what happens after an employee experiences an on-the-job injury or illness? If so, what does it say? Does it facilitate and encourage returns?
- Do we routinely contact employees after an injury or illness? Do we arrange for them to return to work? Do we attempt to provide transitional job opportunities for all recovering employees?

Creating a Return to Work Program

Included are several prewritten samples to help you create your own Return to Work program (See Sample Programs section, page 3-1). You can adopt one of these programs as written or modify it to fit the needs of the company. If you already have a Return to Work Program, all you may need is a review to make sure your program adequately addresses all the topics covered in our sample programs.

Companies With Unions

If your company has a union, you'll want to include union representatives in your planning. Help them to understand how Return to Work programs can benefit everyone and be sure to include procedures for this program in your next contract negotiation.

Training Management, Informing Employees

Once you've finalized your program, begin training supervisors, managers, and anyone else who is involved with helping your employees return to work after an injury or illness. Then show your commitment to the program by distributing a copy of the program to all employees. Be sure to convey your expectations and inform your employees of their responsibilities.

Publicize the fact that you care about your employees and want to help them make the transition back to work as easy as possible. Emphasize a spirit of cooperation and teamwork. Ask your employees to participate in finding ways to improve safety and prevent injuries on the job. Above all, let your employees know that they are the most valuable part of your business. Also, their open communication is welcome.

Updating Job Descriptions

Finally, be sure you have up-to-date job descriptions for all employees. Job descriptions provide detailed information about the tasks, functions, and physical demands of each employee's job. Keeping the descriptions up to date can help you and your employees' physicians make prompt, informed decisions about return to work possibilities after injuries or illnesses.

Review Your Progress

Reviewing the progress you've made is vital to your continued success. By noticing what's working and what needs improvement, you may be able to make adjustments that will reduce your claims costs even further. Ask yourself these questions:

- Have lost work days decreased?
- Have claims costs decreased?
- Has our safety record improved?
- What feedback are managers/supervisors giving?
- Has litigation decreased?
- Has our relationship with our health-care provider improved?

Return to Work Program Guidelines: Employer Responsibilities

When creating your Return to Work program:

- Establish a written Return to Work program (see samples included in the Sample Programs section of this binder, page 3-1).
- Teach supervisors and managers about disability issues and their roles and responsibilities in achieving a successful Return to Work program.
- Designate a coordinator to administer your Return to Work program.

When a work-related injury or illness occurs:

- If a life-threatening injury or illness has occurred, call 911 immediately.
- If the injured employee requires medical attention and may be safely transported, direct the injured employee to your company's designated physician or medical facility for immediate medical attention. By doing this you will ensure prompt, quality care and an open line of communication with the physician. Accompany your employee to visit the physician, if possible.
- Inform the medical-treatment provider that you have a Return to Work program and will encourage your employee to return to work as soon as medically appropriate.
- Designate one individual (e.g., an employee's supervisor or HR adjuster) to coordinate an employee's return to work.
- If the injured employee is unable to return to work immediately, contact the employee as soon as possible to convey your concerns about his or her condition and your wishes for a speedy recovery. Let the employee know that his or her recovery is everyone's primary concern. Be sure to mention that the team misses him or her. Let the employee know that you will make every reasonable effort to accommodate any temporary physical limitations by modifying his or her position. Ask the employee to keep you informed of his or her medical progress. Stay in contact with the employee via regularly scheduled calls.
- From the beginning, maintain regular communication with the employee's physician. Let him or her know that you would like to provide transitional work. Make the doctor a part of the team—a team whose objective it is to get the employee safely back to work as soon as possible.
- Facilitate coordination and cooperation among individuals and departments involved in the return to work process.
- Coordinate return to work activities with union representatives, if applicable.
- Make State Fund aware of your efforts to return your employee to work because it may

affect temporary disability (TD) payments and other claims costs.

- Keep a positive attitude about getting the employee back to work.

All temporary modified or alternative positions are considered “transitional positions” and are designed to help the injured employee begin the process of returning to his or her usual and customary duties as soon as possible. When you consider modifying an injured employee’s position:

- Define the purpose and the expected duration of the position. What is the expected duration of the position? What must be done? What is the end product?
- List the parts of the job that the employee cannot complete without modifications and/or assistance.
- Ask the injured employee how he or she would do the parts of the job that require modifications.
- Consider the following options for modifying jobs (see the Returning Employees to Work section, page 5-1, for more details):
 - Restructuring the job.
 - Changing the employee’s work schedule.
 - Receiving assistance from or reassigning work to other employees.
 - Using assistive devices.
 - Purchasing special equipment.
- List the possible job modifications and determine their financial impact.
- Choose the modifications that are least expensive but accomplish the tasks safely.

The treating physician should provide you with work restrictions for your injured employee. However, work restrictions are not required to start the process.

Restrictions should be:

- Clear and specific (e.g., “do not lift more than 25 pounds”).
- Of temporary duration, with a reasonable time frame (e.g., “no longer than two weeks”).
- Accompanied by a date for medical reevaluation (e.g., “revisit physician in two weeks”).

Note: Physicians often need to clarify work restrictions, both before and after the employee returns to work. Your State Fund claims adjuster can assist you in making sure the work restrictions are clear.

If you are able to accommodate the employee to return to work in a modified or alternative job:

- Make the employee feel welcome and glad to be back.
- Be sure the recovering employee is keeping regular medical appointments with the treating physician monitoring his or her recovery progress.
- Have your designated coordinator talk with the employee and the medical provider to discuss the employee's recovery progress and determine how he or she is progressing.
- Determine whether any additional duties can be added to the modified or alternative work or whether the employee can be returned to his or her usual and customary job.
- Notify the claims adjuster of the job offer and the expected return to work date.
- Notify the claims adjuster when the employee returns to work.
- Throughout the process, work in partnership with State Fund to keep us informed of your employee's status. Your State Fund claims adjuster will work with you to expedite your injured employee's safe return to work. If you need help talking with the physician or assistance with improving your health and safety program, State Fund is here to help.

Return to Work Program Guidelines: Coordinator Responsibilities

- When an injury occurs, determine whether medical treatment was provided. Obtain and complete the Supervisor's Report of Accident (form 17609) and retain it for your records.
- After initial medical treatment is obtained and determined not to be first aid, complete the Employer's Report of Occupational Injury or Illness (form 3067). Send this form to State Fund within five days. Give the Workers' Compensation Claim Form (form 3301/DWC 1) to the injured employee within one working day of receiving notice of or knowledge of the injury.
- Verify with the injured employee's supervisor that the injured employee was given the New Employee's Guide to Workers' Compensation brochure (form 13286) and the Notice to Physician form (see the Program Aids section, page 6-10, for a sample of the form).
- If the employee is released to work with restrictions that prohibit a return to regular job duties, determine whether job modifications or alternative work can be provided within the physician's restrictions.
- If modified or alternative work is available, notify the employee and send a copy of the job offer to your State Fund claims adjuster.
- Notify the State Fund claims adjuster of the employee's acceptance or rejection of the modified or alternative work. The employee's entitlement to future compensation benefits may be affected.
- Document the modified or alternative job duties to show how the work restrictions are being accommodated. This should be reviewed with the employee prior to his or her return to work.
- Monitor the job to determine compliance with the restrictions and the feasibility of continuing the position.
- If the restrictions change, determine whether the modified or alternative job duties can be changed.
- After the employee has worked for 30 days in a modified or alternative job, evaluate the situation to determine the feasibility of continuing the position.
- If the employee cannot return to regular work and modified or alternative work is not available, make sure the employee is contacted at least once a week.
- Coordinate the progress of the claim until the employee is released for regular work. Relay information to the State Fund claims adjuster.

Return to Work Program Guidelines: Supervisor Responsibilities

- As soon as you are made aware of the injury, coordinate first-aid efforts, if appropriate, then fill out a written Supervisor's Report of Accident (form 17609).
- If medical treatment is required, complete an Employer's Report of Occupational Injury or Illness (form 3067) if not previously completed.
- Accompany the employee to visit the doctor if possible. The employee should be taken to your preferred provider, unless he or she clearly needs emergency room services.
- Make sure the Notice to Physician form (see the Program Aids section, page 6-10, for a sample of the form) is submitted to the doctor at the first medical visit. Have the employee return the form the same day.
- Give the injured employee a Workers' Compensation Claim Form (form 3301/DWC 1) and a New Employee's Guide to Workers' Compensation brochure (form 13286).
- Notify the coordinator of the industrial injury the day it occurs and turn in a copy of the Supervisor's Report of Accident (form 17609).
- You or your coordinator should follow up with the injured employee's physician on the date of the first exam. If you obtain the information from the physician, inform your coordinator and your State Fund claims adjuster.
- If the employee is off work, contact him or her at least once a week to express care and concern. Inquire about the most recent developments in his or her recovery and work status.
- Relay information to your coordinator and State Fund claims adjuster as you receive it.
- If your employee is returned to modified or alternative work, make sure the employee does not exceed restrictions.
- Relay any change in restrictions to your coordinator and discuss the possible need for revising the job.

Return to Work Program Guidelines: Employee Responsibilities

- Report all injuries to your supervisor *immediately*. If medical treatment is necessary, you will be referred to your company's preferred provider.
- Tell the doctor that your company may be able to place you in a temporary transitional job if you cannot return to your regular work.
- Contact your supervisor *immediately*, whether the doctor releases you to return to work or not. Make sure to get a note from the doctor to give to your supervisor.
- Contact your supervisor immediately after seeing your doctor to discuss opportunities to return to work.
- Your hours of work will be determined by your supervisor.
- You are encouraged to schedule physical therapy and doctor appointments around your work schedule to avoid loss of earnings. If this cannot be arranged, appointments should be scheduled at the beginning or the end of the work day.
- You are to abide by the work/safety rules at the location of the modified or alternative work assignment.
- If you refuse to participate in the Return to Work program, you may jeopardize your rights to benefits.
- Time spent on personal, sick, or other absences will be treated in the same manner as when on regular duty.
- When you are released to your regular job duties, notify your company's management and State Fund of the details.

Return to Work Program

Sample No. 1—Replace with your Company Name

Policy

(Company Name) is committed to returning employees to modified or alternative work as soon after an injury as possible. This will be done by temporarily modifying the employee's job or providing the employee with alternative work. The employee's medical condition, along with any limitations or restrictions given by the attending physician, will be considered as a priority when identifying the modified or alternative position.

Purpose

This program is intended to provide our employees with opportunities to continue as valuable members of our team while recovering from work-related injuries. We want to minimize any adverse effects of a job-related injury to any of our employees. This program is intended to benefit injured employees by promoting speedy recoveries while allowing them to keep their work patterns and income consistent. The company benefits by having our employees retain work skills, thus contributing to the overall productivity of our business.

Scope

This program applies to all employees of (Company Name).

Responsibilities

Maintaining all injury reports and records of the duration of the disability leave will be the responsibility of (Name of Contact Person).

(Name of Contact Person) will act as a liaison between (Company Name), the injured employee, the treating physician, and State Fund, the company's workers' compensation carrier.

(Name of Contact Person) will make sure that all paperwork and forms have been properly handled and submitted to the appropriate parties.

(Name of Contact Person) will monitor the modified or alternative work and gather any additional information that may be needed to properly handle the return to work efforts.

All Managers and Supervisors

In the event of an injury, the manager or supervisor will make sure the injured employee receives first aid or, if necessary, proper medical treatment at our selected medical clinic. If possible, the manager or supervisor will accompany the employee to the medical clinic. The attending physician will be notified on the first visit that (Company Name) has a Return to Work program and that modified or alternative work will be provided. The manager or supervisor will work closely with (Name of Contact Person) to coordinate the return to work efforts and will be responsible for introducing the employee into the workplace in the modified or alternative position.

The manager or supervisor will make sure the injured employee receives necessary assistance from coworkers and that the employee does *not* work outside of his or her restrictions. Monitoring for transition into full-duty work will be the responsibility of the manager or supervisor.

Employees

If an injury occurs on the job, the employee is required to report the injury to the manager or supervisor immediately. If the injury requires more attention than first aid, the employee will be directed to the company's selected health-care provider, (Name of Health Care Provider). If available, an employer representative will accompany the employee to the medical clinic. Together with the physician, the employee's physical restrictions and limitations will be discussed. If able, the employee is expected to return to the work site *the very same day* to report the physician's findings and to discuss modified or alternative work. This will help keep all parties apprised of the employee's condition.

Upon returning to work, it is the employee's responsibility to keep his or her activities within the physical limitations the physician has defined. The employee will perform only those duties assigned to him or her and will immediately notify the manager or supervisor of any difficulty in performing them. The employee must also notify his or her manager or supervisor in advance of any medical appointments. Time off will be allowed for medical appointments associated with a job-related injury. The employee will keep the manager or supervisor informed of his or her recovery and ability to perform modified or alternative work.

If anyone involved in this process has questions or concerns, please contact your manager or supervisor. Unasked questions can lead to confusion. (Company Name) is committed to promoting, in the best way possible, a full recovery for any of our industrially injured employees. (Company Name) and our workers' compensation carrier, State Fund, are available to answer any questions that may arise.

Employee Name _____

Signature _____

Title _____

Date _____

Return to Work Program

Sample No. 2

(Company Name) is committed to returning injured employees to modified or alternative job duties as soon as possible following an injury. The following are guidelines to accomplish this commitment.

The Employer's Role

- When a (Company Name) employee has an on-the-job injury or illness, we will make all efforts to handle the injury appropriately.
- We will provide first aid immediately.
- If the injured employee requires medical attention, we will, when possible, accompany the injured employee to our preferred provider clinic.
- It is our responsibility to let the provider know that we have a Return to Work program and intend to bring this employee back to work as soon as possible.
- When possible, all employees should return to work immediately after the initial treatment to avoid any lost time.
- If an injured employee is unable to return to work immediately, we will keep in contact to let the employee know that we are concerned about his or her condition and to assure the employee that management and coworkers value his or her contribution.
- We will let the injured employee know that we will make every reasonable effort to accommodate any temporary physical limitations with modified or alternative work.
- We will make our workers' compensation carrier, State Fund, aware of our efforts to return injured employees to work, as it may impact an injured employee's rights to temporary disability (TD) payments or wage-loss disability payments.

Information Related to Modified or Alternative Work

- All temporary modified or alternative work is considered "transitional work" and is designed to help the injured employee return to his or her usual and customary duties as soon as possible.
- The injured employee will keep regular medical appointments with the treating physician to help monitor the recovery process.
- The coordinator or supervisor will discuss the employee's recovery progress with the employee and the medical provider as needed to determine how he or she is progressing. The coordinator or supervisor will determine whether any additional duties can be added to the modified or alternative work.

- If the employee is not able to return to his or her usual and customary duties within 30 days, a complete reevaluation of the situation may be made in cooperation with State Fund, the treating physician, and the employee.

Employee Name _____

Signature _____

Title _____

Date _____

Return to Work Program

Sample No. 3—Replace with your Company Name

(Company Name) recognizes the need to provide transitional work to employees who are unable to perform their regular duties due to occupational injury or illness.

Scope

- This program applies to all employees. The amount of transitional work may be limited. Employees receive assignments on an availability and “first-come, first-served” basis.

Definition

- For the purposes of this program, an occupational injury or illness means an injury or disease arising out of the employment with (Company Name) and compensable under the workers’ compensation laws of the State of California.
- For the purposes of this program, an employee who is temporarily totally disabled as a result of an occupational injury or illness is one who is medically incapable of performing any work. A temporarily partially disabled employee is a person whose medical condition permits him or her to perform some occupational function.

Purpose

- To provide work for employees with job-related injuries or illnesses that restrict regular job performance so they may receive enhanced compensation and benefits while recovering from the injury or illness.
- To assist employees in the transition from injury or illness to recovery while continuing to be a productive part of the work force.
- To provide management with a constructive program to reduce the cost of workers’ compensation.
- To prevent the deterioration of employees’ work skills, health, and attitude that may result from prolonged work absence.
- To demonstrate the organization’s commitment to employee recovery.
- To minimize the loss of productivity.

Key Points

- The transitional work begins as soon as medically feasible to avoid lost time and to minimize the loss of wages due to injury and illness.
- The temporary transitional work is progressive and reflects the increasing level of recovery.

- The temporary transitional work assignment is not considered a part of regular staffing.
- A sustained modified or alternative work assignment is considered a part of regular staffing.

Eligibility Qualifications

- This program is available to all employees who are recovering from an occupational injury or illness.

General Areas of Responsibilities

Human Resources (HR)

- HR has the responsibility for coordinating the program.
- HR works in cooperation with department managers, supervisors, or principals to achieve maximum acceptance of the program.
- HR determines the employee's eligibility for the program and placement in transitional work, keeps all records, and oversees the Return to Work program, with a return to full duty when possible.

Managers/Supervisors/Principals

- Managers, supervisors, and principals develop (with the assistance of HR) and maintain an inventory of potential short-term, transitional assignments appropriate for facilitating the early return of an injured employee. These assignments remain on file in their respective departments and in HR.
- The employee's supervisor or designee reviews the employee's working capabilities with the employee before the transitional work assignment begins. Both the employee and department manager shall sign an agreement acknowledging any restrictions and forward the original to HR.
- The employee's supervisor or designee monitors the injured employee's work area, ensures compliance with the physician's work restrictions, keeps track of hours worked by the transitional work employee, and evaluates work performance.

Procedures

Human Resources (HR)

- HR identifies departments with transitional work positions available.
- HR advises each injured employee and his or her physician of the program and provides the physician with the necessary forms for completion.
- HR notifies the employee upon the physician's release to return to work.
- HR makes a determination as to whether or not transitional work is available.

- HR (and supervisors) ensure that all work provided is consistent with and does not exceed the limitations given by the treating physician.
- When feasible, HR makes every effort to accommodate the needs of the employee by modifying his or her present work setting. However, work availability may make it necessary to transfer employees from one division or department to another or to change the hours of work.
- At the beginning of each pay period, HR sends a time card to the employee in a transitional work assignment, at either his or her regular department or newly assigned department.
- HR evaluates eligibility for continued transitional work at 30 days from the start of the assignment or when the employee reaches maximum medical improvement. After HR consults with the manager, physician, and case-management contractor, the period may be extended on a week-to-week basis for a period of 60 additional days.
- HR terminates the transitional work assignment if the treating physician determines that an employee is permanently prevented from returning to his or her former position. A sustained modified or alternative position will be considered.
- HR considers hours worked under transitional work assignments to be “productive hours” in the computation of and eligibility for receiving benefit pay and accruals. Time worked under a transitional work assignment is considered the same as other time worked in determining service credit.
- HR treats time spent on personal sick leave or other absence in the same manner as when the employee is on regular duty.
- HR maintains a schedule of employees involved in the Return to Work program.
- HR maintains contact with employees in the Return to Work program to assess the work process and the progress of the employees.

Employee

- The employee notifies HR immediately after seeing the physician to discuss opportunities to return to work. While in the Return to Work program, the employee must report to work in appropriate attire, unless HR approves otherwise.
- The employee should schedule physical therapy and doctor appointments around his or her work schedule to avoid loss of earning power. If this arrangement is not possible, the employee should schedule appointments at the beginning or end of the workday. For all appointments requiring time away from work, the employee must have written verification of time in and out of the facility to present to HR.
- The employee must abide by the work/safety rules at the location of the transitional work assignment.
- If the employee is unable to report to work for personal reasons, he or she must call and report to the supervisor and to HR.

- If the employee's health status changes, he or she must report it immediately to the supervisor and to HR.
- While in the Return to Work program, the employee should not stay on any one assignment for longer than 30 days, unless approved by HR.
- At the end of the pay period, the employee must take his or her time card to payroll for processing.
- As long as work can be provided, the employee has no right of refusal without jeopardizing benefits. Employees released to their regular job duties by their treating physicians must provide this information to HR.

Managers/Supervisors/Principals

- The supervisor or designee of the area where the employee is performing transitional work duties initials the hours worked in his or her area.
- The employee's supervisor or designee keeps track of hours worked in his or her transitional work hours and evaluates work performance.
- The employee's supervisor or designee has the option to change the employee's regular days off and work hours while the employee is in the Return to Work program.
- The employee's supervisor or designee designates hours of work in the transitional assignment. Status reviews involving management and the employee occur at two-week intervals or more often if deemed necessary. The purpose of these reviews is to keep management up to date on the employee's progress. The meetings can be formal or informal, as appropriate.
- The employee's supervisor or designee evaluates the employee during the transitional work assignment 30 days from the start of the assignment or when the employee reaches maximum medical improvement and reexamines the employee's medical progress, improvements, prognosis, and job duties.

Employee Name _____

Signature _____

Title _____

Date _____

When an Injury Occurs

Follow these steps once the employee's condition has improved enough to consider bringing him or her back to work either in a transitional capacity or his or her regular job:

- Review the working capabilities of the employee with the employee's physician. Inform the doctor that you will modify the work to accommodate the employee's current and changing limitations. If necessary, offer your employee a modified or alternative work position that is either a transitional position or sustained employment.
- List the parts of the job the employee cannot complete without modifications and/or assistance.
- List the possible modifications needed for the employee's current position to enable the employee to complete more of his or her regular responsibilities.
- Ask the employee to assist with developing ways to accomplish those parts of the job that he or she cannot complete without modifications and/or assistance.
- Consider having the employee return to work in a transitional job. Take into account the employee's physical restrictions, skills, interests, training, and background.
- Discuss with the employee the transitional work you wish to have him or her perform while recovering. Clarify physical limitations and specific job duties. Establish a return to work date.
- Notify your State Fund claims adjuster of your offer to return the employee to regular, modified, or alternative work. Send a copy of the written job offer to your State Fund claims adjuster.
- Once the employee is back on the job, notify your State Fund claims adjuster, monitor the employee's progress carefully, and make adjustments when necessary. Get updates from the employee after each doctor visit.

When the Employee Returns to Work

Communication, cooperation, and coordination among the appropriate departments are essential as the employee returns to work. Coordinate all return to work activities with union representatives, if applicable.

Employees Who Can't Return Immediately

Keep in contact with your employee even if it is not possible for him or her to return immediately. Let your employee know of your concern for his or her condition. Assure the employee that the team needs him or her. Remind the employee to keep you updated on his or her physical condition. Look for the first opportunity to return your employee back to work.

If an Employee Refuses to Work

Provided the employer has followed the proper steps, an employee's temporary disability benefits may be reduced or terminated entirely if the employee refuses a documented offer to return to work. Be sure to contact your State Fund claims adjuster immediately if your employee does not return to work on the designated date.

When an Employee Cannot Return to Pre-Injury Work

Some injured or ill employees may never be able to return to their regular positions, even when their physical conditions have reached their maximum level of improvement. In these cases, you may want to consider other sustained employment within your company. These offers fall into two categories:

- **Modified work** is regular work that is modified so the employee has the ability to perform all the functions of the job. It offers wages and compensation that are at least 85 percent of those paid to the employee at the time of injury. It is also located within a reasonable commuting distance of the employee's residence at the time of injury.
- **Alternative work** is work that the employee has the ability to perform. It offers wages and compensation that are at least 85 percent of those paid to the employee at the time of injury. It is also located within reasonable commuting distance of the employee's residence at the time of injury.

Helping return your employee back to work after an industrial injury or illness is a key to cost savings.

Returning Employees to Work

Offering Transitional Work to Returning Employees

Even small businesses can provide work that is appropriate for injured employees. Just remember that modified jobs are designed to help employees on a temporary basis while they recover. Transitional work can be as simple as eliminating or reassigning duties that are too strenuous. As the injured employee recovers, the employee's restrictions should lessen, and job duties should increase accordingly.

You don't always need approval from a physician to determine an appropriate job. In many cases, you can offer a modified or alternative position prior to receiving work restrictions from the treating physician.

For example, the employee may have a foot, ankle, or leg injury. You do not need to wait for work restrictions from the physician to realize that job activities such as walking, prolonged standing, or ladder climbing are not appropriate. You can immediately offer the injured employee a modified or alternative sedentary position so that the employee can return to work. You should document the job offer, and notify your State Fund claims adjuster if the employee does not return to the offered position. The claims adjuster will determine the appropriateness of continued temporary disability (TD) benefits.

If you are able to offer your employee a modified or alternative work position, you may benefit by:

- Continuing to receive production from your employee.
- Helping in your employee's recovery process.
- Gaining control and direction of the claim.
- Being able to reduce the costs of the claim.
- Eliminating your liability for the Supplemental Job Displacement Benefit for this employee.
- If you employ 50 or more employees, you may reduce claims costs by providing sustained regular, modified, or alternative work pursuant to Labor Code §4658.

Reemployment of this employee may also be in compliance with the Americans with Disabilities Act (ADA) and the Fair Employment and Housing Act (FEHA).

The ADA is a federal act that extends benefits to the disabled through the Civil Rights Act of 1964. The Fair Employment and Housing Act (FEHA) of California also dictates a legal responsibility of an employer to provide reasonable accommodations to a qualified employee with a disability.

In the State of California, qualified disabled individuals include persons who have a physical or mental impairment that limits one or more major life activities and who can still perform essential job functions. The employer is required to engage in a timely, good-faith, interactive process with the employee or applicant (for employment) to determine effective, reasonable accommodations, if any, in response to a request. A reasonable accommodation is not required if it would impose an undue hardship on the employer. Reasonable accommodations may include:

- Part-time or modified work schedules.
- Reassignment to a vacant position.
- Providing or modifying equipment or devices.
- Other employment adjustments.

ADA and FEHA requirements require an interactive process between the injured employee and you, the employer. If you need information about these laws, we recommend you seek competent legal advice from a labor attorney. For information on the Americans with Disabilities Act, call the Equal Employment Opportunity Commission at (800) 669-4000. For information regarding FEHA, please contact the Department of Fair Employment and Housing at (800) 884-1684.

Immediately after an employee is injured, use the Notice of Modified or Alternative Job Availability form (see Program Aids section, page 6-8) to notify State Fund about the availability of modified or alternative work. If you need help with identifying modified or alternative work, contact State Fund immediately.

Characteristics of Transitional Work

Transitional jobs are typically temporary, short-term positions lasting fewer than 90 days and requiring little or no additional training. Transitional jobs should:

- Be productive.
- Contribute to the company.
- Be similar to the employee's usual environment, if possible.
- Take into account tasks that are related to the employee's pre-injury job, if possible.
- Consider an employee's abilities, aptitude, and preferences.
- Be less physically or mentally demanding at first, then progressively increase in intensity to keep pace with the employee's improving condition.
- Be located within a reasonable commuting distance.

Categories of Transitional Work

There are two categories of transitional work:

- **Temporary modified**—An employee’s regular job that his or her employer has modified to accommodate the recovering employee’s physical limitations or work restrictions.
- **Temporary alternative**—Job duties in either the same or a different department that are less demanding in nature. This category is easier for larger companies that offer a variety of different jobs. However, smaller companies may find this approach possible on a temporary basis.

Remember, if your employee is returning in any type of transitional work, periodic medical appointments must continue until the physician gives clearance for regular duty.

Steps for Modifying a Position

Here are the steps you can take to modify an employee’s job:

- Define the purpose and the expected duration of the returning employee’s assignment. What must be done? What is the end product?
- List the parts of the job that the injured employee cannot complete without modifications and/or assistance.
- Ask the injured employee how he or she would do those parts of the job. List the possible modifications.
- Determine the cost of the alternatives.
- Choose the least expensive alternative that accomplishes the task safely.

Ways to Modify Positions

There are many ways to modify a job. Since every situation is different, use your creativity to provide your employees with opportunities to make early returns. Here are a few examples to spark your imagination:

- **Equipment/tool modification**—Sometimes employers can modify existing equipment to accommodate the injured employee’s limitations. In other cases, employers can purchase additional or special equipment and tools to allow individuals to do their jobs (known as “assistive devices”). Frequently these modifications, tools, and/or equipment are not expensive and can be far less costly than having your employee off work.
- **Workstation modification**—Accommodation can be as simple as making adjustments or changes in the employee’s workstation. Changing the position of the object or product, adjusting the height of the workbench or chair, or merely rearranging the workstation to avoid or alter restricted activities can solve temporary work limitation problems.

- **Location modification**—Another option is to move the workstation or task to a more convenient location.
- **Task modification**—This choice involves restructuring the job temporarily to exclude the restricted activities. Break down the employee’s job into essential duties (your job descriptions can be helpful for accomplishing this), and examine these tasks in relation to the individual’s work restrictions. If the employee can still perform most of the job, you can modify it by handling the restricted activities as follows: provide assistance, delegate them to a coworker, or accomplish them in another way.
- **Time modification**—If the length of time an employee engages in a particular activity is a limitation, shortening the time may solve the problem. You can shorten the time by varying the tasks more frequently, increasing the number of breaks, or possibly shortening the workday.

You can use these modifications separately or in combination. Note that it is not absolutely necessary for the transitional job to be a full 40 hours per week. In some cases, the injured employee may not be able to work a full schedule initially. In other cases, you may not be able to supply a full-time transitional job. Check with your union regulations if applicable.

Although full-time is preferable, any amount of transitional work will be beneficial. If the injured employee makes less than his or her usual weekly wage, he or she may be eligible to receive additional benefits from State Fund, paid on a wage-loss basis.

Suggestions for Setting Up Early Return Jobs

As you’re looking at early return job possibilities:

- Ask all employees, especially managers and supervisors, for lists of things that they need to have done. These jobs may be assignments that could increase efficiency, necessary tasks that bring a department up-to-date (such as paperwork, filing, or inventory work), or lower priority chores that seldom reach completion.
- Look at whether your company is outsourcing any work. Can your recovering employee perform some of this work?
- Remember that job tasks do not need to be centered in one work group. Perhaps you can create a position that assists a variety of different departments.
- Find out how long it has been since your company has contacted its customers about the quality of your products or services. Could your recovering employee conduct a quality survey and formulate suggestions for improvements?
- Consider getting involved in community service or charity work to enhance the public’s image of your company. Think about having your recovering employee perform local volunteer work.

Remember: Getting support from your supervisors is crucial. Be prepared to make appropriate adjustments to production goals for supervisors who have employees on return to work assignments.

The “Win-Win” of Wage-Loss Benefits

State Fund will provide benefits to an injured employee on a wage-loss basis when the injured employee returns to temporary, transitional work prior to being released from medical care and returned to regular duties.

Why is this a win-win situation? Transitional work combined with wage-loss benefits helps the employer and the injured employee in several ways:

- Employers receive production for wages paid.
- Employers decrease the amount of temporary disability (TD) benefits they pay on claims.
- Injured employees earn wages and compensation closer to their actual income.

If your employee returns to work prior to being released from medical care and is earning less than at the time of injury, please complete and submit a copy of the Wage-Loss Reimbursement form (see Program Aids Section, page 6-14) to your State Fund claims adjuster.

Wage-Loss Case Study

The following cost analysis is based on an actual case study of an employee who made an early return to work.

	Projected Time and Costs Without a Return to Work	Actual Time and Costs With a Return to Work
Amount of time before employee returned to work	56 days	Zero (no lost time)
Temporary Disability*	\$7,330.40	Zero
Medical	\$4,417.70**	\$868.08
Total	\$11,748.10	\$868.08

Savings = \$10,880.02

*Based on the 2008 maximum temporary disability rate of \$916.30 per week.

**Based on the average medical cost for similar incurred injuries.

Return to Work Potential Temporary Transitional Jobs for All Industries

The following is a suggested generic list for all industries.

- Answer phones in office.
- Assistant servicewriter.
- Assistant trainer - teaching paperwork, logs.
- Bench work such as sharpening tools or repairing small tools in shop (good for farming).
- Change prices.
- Check broken seats in stadium.
- Clean the bathrooms. Sometimes the toilets and sinks need to have a pumice stone used on them.
- Clean small tools or equipment.
- Customer service person.
- Dust or clean with soap and water all counters and furniture.
- Fill out paperwork on jobsite.
- Flagman.
- General errand running.
- Greeter.
- Grounds cleanup/orchard or farm cleanup.
- Help pull or put away files if there is a need. Any office help that might be needed.
- Hose off the outside of the building.
- Inventory warehouse.
- Night watchman.
- Organize any equipment that might be out of place in the warehouse or outside.
- Painting, detail work or small touch-up areas.

- Parts runner.
- Pick up trash around dumpsters.
- Pull necessary permits with city/county.
- Quality control.
- Restack, restock, and reorganize.
- Ride along with drivers to assist in driving or completing logs.
- Safety monitor.
- Shampoo carpets.
- Shredder.
- Sorter.
- Sweep and mop the areas with linoleum or crew area flooring.
- Sweep down any cobwebs that are inside or outside.
- Sweep the inside of the warehouse or shop.
- Volunteer work (see page 5-4).
- Wash down all office walls with soap and water.
- Wash inside and outside of all trucks and company cars, including detailing and equipment. Equipment includes scaffolding, ladders, trailers, etc.
- Wash windows, inside and out.
- Weed control.

Return to Work

Potential Temporary Transitional Jobs by Type of Business

Following is a list of potential transitional jobs listed by specific industries. You may find this list helpful for identifying transitional work opportunities in your company.

Aircraft Construction and Engineering

- Do research for engineers (e.g., make phone calls, review books).

Apartment Management

- Hose down outside apartments with a power hose.
- Clean oil spots off the parking areas.

Auto Repair and Parts Shop

- Pick up and deliver cars.
- Get coffee for the entire shop in the morning.
- Drive the courtesy van.
- Work the wholesale line.
- Be a service greeter.
- Log in information for the service writer.
- Answer the phone for the service manager or parts shop.
- Order parts.
- Sort parts.
- Be a parts runner.
- Do lighting repairs, painting, and other light maintenance or repair work.
- Organize parts.
- Key in parts invoices.
- Call in service contracts for approval.
- Call on new accounts.

- Do service promotions (postcards).
- Improve name recognition.

Construction, Building

- Clean up.
- Clean up equipment, ladders, scaffolding, trailers, and tools.
- Service trucks.
- Wash the inside and outside of trucks.
- Be a paper runner.
- Take or manage inventory.
- Be the safety inspector on the jobsite.
- Give training or safety classes.
- Be the troubleshooter or “go-between” for the construction company and the homeowner.
- Do deliveries.
- Do marketing.

Construction, Road (Paint Lines)

- Do training on safety and equipment.
- Call everyone in the phone book with a parking lot to see whether their lines need to be painted.

Dispatch Center

- Catch up on filing.
- Do training and teaching.
- Take on special projects.

Farm Laborer

- Replenish paper towels and toilet paper to all facilities.

Firefighter

- Give fire-safety presentations to schools and the community.
- Inspect residences and companies for fire-code dangers.
- Complete paper reports.
- Do filing.

Fish Farm

- Throw back fish that jump out.
- Work on gel packs to mail fish.

Hotels and Resorts

- Polish banquet room silverware.
- Guide guests or be an information person.
- Be the host in the restaurant.
- Fold tablecloths and fancy napkins.
- Train new employees.
- Clean the menus.

Lath and Plastering

- Pick up trash.
- Pot shelves (foam).
- Detail (foam).
- In wet weather, stay with the dryer and move it around until all walls are dry.

Logging

- Be a night watchman.
- Wash vehicles and trucks.
- Be a guard check at the gate.
- Clean up.
- Be a parts runner.

- Service the trucks (check air in tires, oil, etc.).
- Soap stumps.
- Fill out log-receipt book.
- Do ticketing.
- Mark timber.
- Do dispatching.

Lumberyard

- Wait on the counter.
- Check inventory.
- Answer phones.
- Dust the shelves.
- Sort parts.

Milling and Mining

- Watch water pump and all circuits.
- Watch mill and make sure everything continues to run.
- Work on firemen.
- Rake pine needles and leaves away from work area.
- Be a safety assistant (e.g., check all fire extinguishers and maintain miner lamps).
- Be the sample prep assistant (e.g., get a sample from the mill every 15 minutes).
- Inventory supplies.
- Clean up.

Millwork

- Work with the boiler.
- Be a guard check.
- Be a night watchman.

Nurses (such as Visiting Nurse Association)

- Make field charts.
- Conduct a patient telephone survey.
- Handle receptionist duties such as answering phones, updating logs, sending faxes, and filing.
- Help with field-supervisor travel (LVN, RN).
- Box files at end of month.
- Process route sheets (requires training).
- Verify insurance coverage (clinical background required).
- Update treatment plans.
- Be an intake nurse (LVN, RN clinical, and/or home-health background required), key data, and answer phones (requires sitting).
- Perform customer service representative work (e.g., data entry and explaining medical terminology).
- Write discharge summaries.
- Review plans of care (LVN, RN).
- Update the active patient list.
- Help with clinical care, such as phone calls to doctors, employees, and patients.
- Update personnel files.
- Staff patient care and schedule field staff.
- Help supervisors write letters and make phone calls.
- Perform clerical duties (requires sitting and repetitive hand movements).
- Give field injections and draw blood.
- Telephone doctors, order signatures, do faxing.
- Do private-duty reevaluation and supervision.
- Open and distribute mail.
- Update, sort, and organize team files.
- Distribute medical supplies.

- Be the acting supervisor in the branch (RN) (requires walking and light work).
- Follow up on physical restrictions with the medical clinic.
- Delete unnecessary computer data.
- Be the weekend “first-call” nurse (LVN) (requires light duty).
- Follow up on billing adjustments.
- Participate in Friday night staffing (LVN, RN).
- Check the status of treatment-authorization requests (requires phone work).
- Answer the phone on the weekend.
- Mail verbal orders (requires repetitive hand movements).
- Help with triage (e.g., clinical, phone, writing).
- Write appeals and letters of medical necessity (clinical).
- Collect payroll documents.
- Review additional document requests (clinical and clerical).
- Stuff envelopes (bending, sedentary-to-light work).
- Inventory car and medical supplies (quality control).
- Perform the 60-day review of charts, discharge charts (LVN, RN).
- Clean up the kitchen (home health aide).
- Clean computer screens and phones.
- Send out get-well and thinking-of-you cards.

Nursing Homes or Hospitals

- Do customer service.
- Get case histories.
- Answer phones.
- Do filing.
- Clean items such as wheelchairs and dentures.
- Organize bedside tables.

- Fold clothes.
- Check labels.
- Feed patients.
- Engage patients in crafts or games.

Office

- Take on special projects.
- Do research projects.
- Do filing.
- Put together employee packets.
- Do copying.
- Tackle projects that never get done.

Orchards

- Set gopher traps.
- Do tree counts.
- Reseed.
- Drill holes in caps.
- Monitor pests.

Piecework

- Put the employee on an hourly wage.
- Do quality control.
- Cut loose threads (sewing).
- Check labels (sewing).
- Count what each worker has done.

Potato Shed

- Straighten bags on conveyor belt.
- Hang bags on hooks.
- Sit on bench and be a messenger.
- Sort potatoes.
- Weigh bags as they go over scales.

Ready Mix Plant

- Do computer work (e.g., bids, plans).
- Get permits.
- Do office work.
- Fill out jobsite papers.
- Run errands.
- Do dispatching.
- Keep shop clean and organized.
- Put parts and supplies where they belong.
- Answer phones.

Recycling and Garbage Collection

- Take the lids off bottles.
- Clean up around area and yard.
- Wash containers.
- Wash and clean up trucks.
- Do office work.
- Study for DMV Class B license.

Restaurants

- Dust.
- Pick up cigarette butts outside the restaurant.
- Polish.
- Be a greeter.
- Clean the menus.
- Be the reservation clerk.

Shop or Warehouse

- Sweep inside.
- Stack and reorganize stock.
- Pick up trash around yard and dumpster.
- Use weed trimmer to cut weeds and clean up area.
- Wash inside and outside of trucks and equipment.
- Paint or perform light repairs.

Stores

- Water plants inside and out.
- Be a greeter.
- Dust.
- Update prices.
- Retrieve carts one at a time.
- Separate grocery coupons.
- Straighten out greeting cards.
- Make sure covers and videos are correctly paired.
- Carry empty boxes up front to customers.

Tire Shop

- Clean tires on display.
- Be a service advisor.
- Do inventory.
- Perform one-handed work, such as unloading tires one at a time.
- Wash down the driveway.
- Do inventory control.
- Do counter work.
- Make calls regarding credit.

Vineyard

- Sharpen tools.

Volunteerism

- Remember that all employers can consider allowing their employees to do some sort of volunteer work within the community during the course of their recovery.

Program Aids

Forms to Help Implement Your Return to Work Efforts

This section includes various forms you can use to help effectively implement your return to work efforts. These forms are also provided for you on the compact disc (CD) for your convenience.

Please contact your State Fund claims adjuster or Return to Work coordinator if you have any questions regarding the materials in this binder.

We hope you will be able to utilize these valuable tools provided to you. Thank you for helping State Fund help you save money on your workers' compensation insurance costs.

Injured Employee Follow-Up Call

Injured employee's name _____

Supervisor's name _____

Date _____

- Hello, (injured employee's name). I am calling to see how you are doing.
- How did your appointment with the doctor go?
- What did the doctor say?
- What work restrictions did the doctor give you?
- I need a copy of the disability slip your doctor gave you. Can you please provide me with one?
- We will be working on a temporary transitional position for you. What duties do you feel you are capable of performing at this time?

- When is your next appointment with your doctor?

- We have submitted your claim to our insurance carrier, State Fund. They will be contacting you soon. Or, if you have any questions you can call them at (phone number).

Notes

Instructions for Completion of Employee's Description of Job Duties

Introduction

The following job description can be used to document an employee's usual and customary job duties. A job description provides detailed information about the tasks, functions and physical demands of an employee's job.

The first section of the job description is entitled **Description of Job Responsibilities**. This section simply requires a general description in narrative form of what the individual does. A short paragraph describing the duties and responsibilities of the job in question (much as you would describe it to an applicant) is all that is required here.

The next section refers to **Activity**. It essentially describes body positions and hand use, broken down into frequency. Naturally, frequencies and tasks may vary from day to day. What is needed here is a reasonable average for any particular day. It should be noted that many activities are mutually exclusive (e.g., you can't sit, walk, and stand at the same time), so these activities combined should add up (approximately) to the total number of hours in a shift (typically 8).

The third section involves **Lifting and Carrying**. It is broken down into weight categories and duration. Although relatively straightforward, it is important to stress accuracy in this section. It is critical in many cases. If the weight of something lifted or carried is not known, weigh it; don't guess. Measure distances. Note actual durations of lifting and carrying.

The last sections ask you about specific activities and require a simple "yes" or "no" response and brief explanation.

A glossary of some of the terms taken from the Dictionary of Occupational Titles and other sources are included to help you. Please keep in mind when completing this form that it is based on an average day.

GLOSSARY:

BALANCING:	Maintaining body equilibrium to prevent falling when walking, standing, crouching, or running on narrow, slippery, or erratically moving surfaces; or maintaining body equilibrium when performing gymnastic-like feats.
BENDING:	Forward motion of the upper body from the waist.
CARRYING:	Transporting an object, usually holding it in the hands or arms, or on the shoulder.
CLIMBING:	Ascending or descending ladders, stairs, scaffolding, ramps, poles, ropes, and the like, using the feet and legs and/or hands and arms.
FINE MANIPULATION:	Picking, pinching, or otherwise working primarily with the fingers (rather than with the whole hand or arm as in handling).

KNEELING:	Bending the legs at the knees to come to rest on the knee or knees.
LIFTING:	Raising or lowering an object from one level to another (includes inward pulling).
POWER GRASPING:	Use of fingers, palm and wrist to hold and/or manipulate objects (hammers, saws, etc). Note: The instrument cannot be easily pulled from the grasp.
PULLING:	Exerting force upon an object so that the object moves toward the force (includes jerking).
PUSHING:	Exerting force upon an object so that the object moves away from the force (includes slapping, striking, kicking, and treadle actions).
SIMPLE GRASPING:	Use of the fingers primarily to hold and/or manipulate objects (pencils, pens, etc.).
SITTING:	Remaining in a seated position.
SQUATTING:	Bending the body downward to rest the buttocks on the heels of the feet or back of the legs.
STANDING:	Remaining on one's feet in an upright position at a workstation without moving about.
TWISTING:	Movement of the body in a sideways motion either seated or standing.
WALKING:	Moving about on foot.
NEVER:	= 0 Hours
RARELY:	= 1% to 10% (Less than 1 hour a day is spent doing this activity if the worker is working an 8-hour day.)
OCCASIONALLY:	= 10% to 33% (1 to 3 hours a day if worker is working an 8-hour day.)
FREQUENTLY:	= 33% to 75% (3 to 6 hours a day if worker is working an 8-hour day.)
CONSTANTLY:	= 75% to 100% (6 to 9 hours a day if worker is working an 8-hour day.)

DESCRIPTION OF EMPLOYEE'S JOB DUTIES

INSTRUCTIONS: This form should be developed jointly by the employer and employee and is intended to describe the employee's job duties. The completed form may be reviewed by the treating doctor to determine whether the employee is able to return to his/her job. This is an important document and should accurately show the requirements of the employee's job.

EMPLOYEE NAME:	(LAST)	(FIRST)	(M.I.)	CLAIM #:
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EMPLOYER NAME:	JOB ADDRESS:
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JOB TITLE:	HRS. WORKED PER DAY:	HRS. WORKED PER WEEK:
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DESCRIPTION OF JOB RESPONSIBILITIES: (DESCRIBE ALL JOB DUTIES)

1. Check the frequency of activity required of the employee to perform the job.

ACTIVITY (Hours per day)	NEVER 0 hours	OCCASIONALLY up to 3 hours	FREQUENTLY 3 - 6 hours	CONSTANTLY 6 - 8+ hours
Sitting				
Walking				
Standing				
Bending (neck)				
Bending (waist)				
Squatting				
Climbing				
Kneeling				
Crawling				
Twisting (neck)				
Twisting (waist)				
Hand Use: Dominant hand Right - - Left - -				
Is repetitive use of hand required?				
Simple Grasping (right hand)				
Simple Grasping (left hand)				
Power Grasping (right hand)				
Power Grasping (left hand)				
Fine Manipulation (right hand)				
Fine Manipulation (left hand)				
Pushing & Pulling (right hand)				
Pushing & Pulling (left hand)				
Reaching (above shoulder level)				
Reaching (below shoulder level)				

2. Please indicate the daily lifting and carrying requirements of the job: Indicate the height the object is lifted from floor, table, or overhead location, and the distance the object is carried.

	LIFTING				Height	CARRYING				Distance
	Never 0 hrs.	Occasionally up to 3 hrs.	Frequently 3-6 hrs.	Constantly 6-8+ hrs.		Never 0 hrs.	Occasionally up to 3 hrs.	Frequently 3-6 hrs.	Constantly 6-8+ hrs.	
0-10 lbs.										
11-25 lbs.										
26-50 lbs.										
51-75 lbs.										
76-100 lbs.										
100+ lbs.										

Describe the heaviest item required to carry and the distance to be carried: _____

3. Please indicate if your job requires:

	YES	NO	(IF YES, PLEASE BRIEFLY DESCRIBE)
a. Driving cars, trucks, forklifts, or other equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Working around equipment or machinery?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Walking on uneven ground?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Exposure to excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Exposure to extremes in temperature, humidity, or wetness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Exposure to dust, gas, fumes, or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Working at heights?	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Operation of foot controls or repetitive foot movement?	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Use of special visual or auditory protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Working with bio-hazards such as blood borne pathogens, sewage, hospital waste, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Employee Comments:

Employer Comments:

EMPLOYER CONTACT NAME:

EMPLOYER CONTACT TITLE:

EMPLOYER REPRESENTATIVE SIGNATURE:

DATE:

EMPLOYEE'S SIGNATURE:

DATE:

Notice of Modified or Alternative Job Availability

Employer _____

Employee's name _____

Claim no. _____ Date of injury _____

- I may be able to provide temporary and/or sustained modified or alternative work.
- I am able to provide modified or alternative work on a temporary basis only.
- I may not be able to provide temporary or sustained modified or alternative work.
- I am unsure whether modified or alternative work can be provided. Please contact me to discuss this further.

Signature _____ Date _____

Name (please print) _____ Phone _____

Please return this form to your State Fund claims adjuster.

Sample Letter to Doctor for Modified or Alternative Work

(Date)

(Doctor's Name)

(Address)

(City, State Zip)

Dear Dr. (Last Name),

(Company Name) has developed guidelines to deal with time loss claims in which the employee can be offered modified or alternative work to help minimize serious disability due to on-the-job injuries and illnesses and to reduce the effects to our injured employees.

Modified or alternative work will be identified after obtaining and reviewing the injured employee's physical limitations or restrictions. A "modified job" might be a modification of the employee's regular job (e.g., reassigning more strenuous tasks to other employees). Alternative work will be a different job currently existing at the workplace, or a job that is specifically designed to accommodate the employee's restrictions.

The length of time our employee will perform a modified or alternative job will be based upon your recommendations and the needs of our organization. Each case will be reviewed individually, and modified work will be assigned whenever possible.

On-the-job injuries and occupational illnesses will be handled by a team consisting of the injured employee, individuals from our organization, the claims administrator, and you as the injured employee's physician. This team approach is the most effective way to achieve the earliest possible return to productive work.

Your cooperation in this team effort is essential and appreciated.

Sincerely,

(Name)

(Title)

(Phone)

cc: State Fund

Notice to Physician

Employee Instructions: Have your doctor complete this form and return it to your supervisor.

Medical treatment is authorized with Dr. _____

Employee _____ Date of injury _____

Brief description of injury/illness _____

Supervisor's signature _____ Date _____

**Our employees are our most valuable asset. Please treat this employee with special care.
Our goal is to provide work whenever possible.**

Physician's Report

- May return to regular work duties now without restriction
- May work the following number of hours per shift (circle one): 4 6 8
- May return to work with the following restrictions:
 - May not (circle as appropriate) lift / push / pull / carry more than (circle one) 10 20 30 50 pounds frequently or repetitively
 - May not (circle as appropriate) lift / push / pull / carry more than (circle one) 10 20 30 50 pounds at any time
 - May not engage in prolonged bending or stooping
 - May not engage in prolonged walking or standing
 - May not engage in prolonged or repetitive climbing, kneeling or squatting
 - May not climb ladders or work at heights
 - May not operate vehicles or moving equipment
 - May not sit more than _____ hours/minutes (circle one)
 - Must protect the injured area from dirt and moisture
 - Limited use of (circle as appropriate) left / right / both (circle as appropriate): hand(s) / arm(s) / leg(s) / foot / feet

Other restrictions _____

These restrictions should be observed until _____

Estimated date of return to regular work _____

May not return to *any* work until (date) _____

Follow-up appointment required (date) _____

Physician Name (Please Print) Physician Signature Date

Notice to Employees Availability of Transitional Work

We are committed to providing modified or alternative work for our employees injured at work. A return to work program has been shown to help employees achieve the most satisfactory recovery possible from a job-related injury and also helps us control our workers' compensation costs.

Please help us assist you by cooperating with our efforts to obtain information from your treating physician if you experience an on-the-job injury and require modifications or alterations to your job.

If you have any questions regarding job-related injuries, our workers' compensation program, or our Return to Work program, please feel free to contact me.

Supervisor's name _____ Title _____

Supervisor's signature _____ Phone _____

Date _____

Transitional Work Job Offer

Employee's name _____ Date _____

Date of injury _____ Claim no. _____

Address _____ City _____ State _____ Zip _____

Dear _____,

Your physician, Dr. _____, has released you for transitional work. We have located a temporary position that you should be able to perform. Your need for continuing in this position will be periodically reevaluated.

The job is _____

You will be receiving \$ _____ per hour / week / month (circle one). State Fund will prorate your workers' compensation benefits if this salary is less than your regular wage (subject to statutory limits).

We ask that you report for work on _____ (date) at _____ a.m. / p.m.

Hours per day _____ Hours per week _____ Duration of job _____

Report to _____ Phone _____ Location _____

If you receive this letter after the report-to-work date, you have 24 hours to contact _____

Failure to report to work could affect temporary disability compensation and could mean loss of your reemployment and reinstatement rights (subject to applicable laws).

We look forward to seeing you and wish you a speedy recovery.

Supervisor's name _____ Title _____ Phone _____

Supervisor's signature _____ Department _____

Employer: Send this letter via certified and regular mail, or have the employee come to your office to sign and date it.

I have read and understand the information above. I accept this job as offered: O Yes O No

Employee's signature _____ Date _____

Transitional Work Assignment

Complete this form upon return to work with transitional duty and again if there are any changes in medical restrictions. After it is completed and signed, forward it to Human Resources.

Employee's name _____ Supervisor's name _____

Site/department _____

Work restrictions (please describe below or attach report):

Job duty modifications accommodating these restrictions (please describe below or attach report):

Work schedule: No. of days per week _____

Days of the week: Sun M T W Th F Sat (circle)

No. of hours per day _____

From _____ a.m. / p.m. to _____ a.m. / p.m. (circle)

If these duties are other than those performed pre-injury, the approximate time necessary for training is _____ hours.

The assignment begins on _____ (date) with reevaluation in _____ week(s) on _____ (date).

Employee's signature _____ Date _____

Supervisor's signature _____ Date _____

Wage-Loss Reimbursement Form

Instructions: Please provide the following information to State Fund immediately following each pay period **along with a copy of your injured employee's pay stub attached**. This will enable State Fund to make prompt disbursement of wage-loss funds to the injured employee.

Mail to: State Compensation Insurance Fund

Street address _____

City _____ State _____ Zip _____

Attention _____

Or, fax to: (_____) _____

Employee's name _____

Claim no. _____

State Fund is to provide wage-loss reimbursement for the following:

_____ (employee name) earned a total of \$ _____

(gross income) during the period _____ (date) through _____ (date).

The employee was paid at a rate of \$ _____ per hour / week (circle one).

Type of temporary modified work (check all that apply):

- Temporary modified job
- Temporary alternative job
- Part-time job, hours per day / week (circle one)
- Full-time job (40 hours per week)

Important: Remember to attach a copy of the employee's pay stub

This position is at the same location and shift as your pre-injury position.



This position is at a different location than your pre-injury position. The location is:

This position is for a different shift than your pre-injury position. The shift time is _____ — _____
(Start Time) (End Time)

You may contact _____ at _____ concerning this position.
(Name of contact person) Phone Number

You must return the completed form to the employer or claims administrator listed here:

Claims Administrator (To Be Completed By The Employer or Claims Administrator) (All information in this section must be completed)

Name

Claims Mailing Address/PO Box (Please leave blank spaces between numbers, names or words)

City State Zip Code

Claims Representative Phone

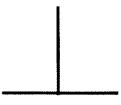
This position provides wages and compensation of \$ _____, that are equivalent to or more than
Weekly Wages

the wages and compensation paid to you at the time of your injury.

This position is expected to last for a total of at least 12 months of work. If this position does not last for a total of at least 12 months of work, you may be entitled to an increase in your permanent disability benefit payments.

I, _____
(Name of Claims Administrator)

have obtained the above job offer information from your employer.



THIS SECTION TO BE COMPLETED BY EMPLOYEE:

Case Number _____

The employee must accept, reject, or object to this offer for regular work and return this form to the employer or claims administrator listed on the form within 20 calendar days of receipt of the offer or it will be deemed that the employee accepted the offer and has waived the right to object to the location or shift.

If the job offered is at a different location than the job you held at the time of your injury, and you believe the commuting distance to this job from the residence where you lived at the time of your injury is not reasonable, you may object to the job offer as not being within a reasonable commuting distance.

You may also waive this commuting distance requirement. You will be considered to have waived this requirement if you accept the above offer of work or do not reject the offer within twenty calendar days of receipt of this notice. The employee should keep a copy of this form for his or her records.

First Name

MI

Last Name

Date Offer Received

MM/DD/YYYY

Claim Number

I understand that if my disability is permanent and stationary and the employer has fulfilled its legal obligations related to this offer, my remaining permanent disability payments will be decreased by 15% whether I accept or reject this offer.

Offer of Regular Work at Same Location and/or Shift

I accept this offer of regular work.

I reject this offer of work. Reason



THIS SECTION TO BE COMPLETED BY EMPLOYEE:



Offer of Regular Work at a Different Location and/or Shift

I understand that I have the right to object to a work offer when the location or shift is different than what I had at the time of my injury.

I accept the offer and waive my right to object to the job location or shift as not being within a reasonable commuting distance from the residence where I lived at the time of my injury.

I reject this offer of work. Reason

I object to this offer because the job location that has been offered is different than the job location I held at the time of my injury, and I do not believe this job allows a reasonable commute from my residence. I understand if the claims administrator does not agree with this objection, my remaining permanent disability weekly benefit payment may be decreased by 15%.

I object to this offer because the job shift that has been offered is different than the job shift I held at the time of my injury. I understand if the claims administrator does not agree with this objection, my remaining permanent disability weekly benefit payment may be decreased by 15%.

If a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the dispute by filing a Request for Dispute Resolution (Form DWC-AD 10133.55) with the Administrative Director.

(Signature)

Date _____
MM/DD/YYYY



State of California
Division of Workers' Compensation
Retraining and Return to Work Unit



NOTICE OF OFFER OF MODIFIED OR ALTERNATIVE WORK
For injuries occurring on or after 1/1/04
DWC - AD 10133.53

THIS SECTION COMPLETED BY CLAIMS ADMINISTRATOR (All information in this section must be completed):

Claims Administrator Type: (Please Choose One)

Insurance Company Third Party Administrator Employer

Employer (name of firm) _____

is offering you _____
(Employee name)

the position of a _____
Name of Job

You may contact _____

concerning this offer. Phone No.: _____ Date of offer: _____ Date job starts: _____
MM/DD/YYYY MM/DD/YYYY

Claims Administrator _____

Claim Number : _____

NOTICE TO EMPLOYEE (All information in this section must be completed)

Name of employee: _____
First Name Last Name

(Choose only one)

a specific injury on _____
MM/DD/YYYY

a cumulative trauma injury which began on _____ and ended on _____
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Date offer received: _____ Date of Birth: _____
MM/DD/YYYY MM/DD/YYYY

You have 30 calendar days from receipt to accept or reject the attached offer of modified or alternative work. Regardless of whether you accept or reject this offer, the remainder of your permanent disability payments may be decreased by 15%. However, if you fail to respond in 30 days or reject this job offer, you will not be entitled to the supplemental job displacement benefit unless:

Modified Work or Alternative Work

- A. You cannot perform the essential functions of the job; or
- B. The job is not a regular position lasting at least 12 months; or
- C. Wages and compensation offered are less than 85% paid at the time of injury; or
- D. The job is beyond a reasonable commuting distance from residence at time of injury.

POSITION REQUIREMENTS (All information in this section must be completed)



Actual job title: _____

Wages: \$ _____ Per hour Week Month

Is salary of modified/alternative work the same as pre-injury job? Yes No

Is salary of modified/alternative work at least 85% of pre-injury job? Yes No

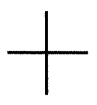
Will job last at least 12 months? Yes No

Is the job a regular position required by the employer's business? Yes No

Work location: _____

Duties required of the position:

Description of activities to be performed (if not stated in job description):



Physical requirements for performing work activities (include modifications to usual and customary job):

Name of doctor who approved job restrictions (optional):



Date of report: _____
MM/DD/YYYY

Date of last payment of Temporary Total Disability: _____
MM/DD/YYYY

Preparer's Name: _____

Preparer's Signature: _____

Date: _____
MM/DD/YYYY

THIS SECTION TO BE COMPLETED BY EMPLOYEE (All information in this section must be completed)

I accept this offer of Modified or Alternative work.

I reject this offer of Modified or Alternative work and understand that I am not entitled to the Supplemental Job Displacement Benefit.

I understand that if I voluntarily quit prior to working in this position for 12 months, I may not be entitled to the Supplemental Job Displacement Benefit.

Signature: _____

Date: _____
MM/DD/YYYY

I feel I cannot accept this offer because:



NOTICE TO THE PARTIES

If the offer is not accepted or rejected within 30 days of the offer, the offer is deemed to be rejected by the employee.

The employer or claims administrator must forward a completed copy of this agreement to the Administrative Director within 30 days of acceptance or rejection. (Retraining and Return to Work, Division of Workers' Compensation, P.O. Box 420603, S.F., CA 94142-0603)

If a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the dispute by filing a Request for Dispute Resolution (Form DWC-AD 10133.55) with the Administrative Director.

