A RETURN-TO-WORK PROGRAM MAKES SENSE

Whether your company has 10, 100 or 1,000 employees, it can benefit by implementing a return-to-work program.

Although preventing injuries is the best way to control workers’ compensation costs, employers need a way to manage injuries if they do occur. When an employee is injured, a return-to-work program will help you get prompt medical care to the employee and then return them to work in the shortest possible time.

Developing this program can be a challenge, so WCF Insurance (WCF) is providing you with this kit filled with sample documents, materials, and tools. The kit is designed to help you establish a program or give direction to an existing program. The sample information can easily be adapted to fit your company’s needs.

Sections I through IV will help you develop an effective return-to-work program. You begin by developing and writing down your policies and procedures. Then you assess existing job tasks and identify transitional productive work before it’s actually needed. Transitional productive work is a work assignment an employee can do while recovering from an injury to help them transition back to their regular job.

Sections V and VI tell you how to get an injured worker back on the job.

If you have any questions, call WCF’s return-to-work staff at 800.446.2667 ext. 8381 or 385.351.8381.
If you are preparing documents that may have legal implications, please consult with your company’s legal counsel.
If you suspect fraud, tell the claims adjuster assigned to the claim about your concerns. You may also call WCF’s special investigations department at 385-351-8140 or 866-372-8350.

WHAT’S INSIDE?

<table>
<thead>
<tr>
<th>SECTION</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECTION I</td>
<td>Developing A Return-to-Work Team</td>
<td>2</td>
</tr>
<tr>
<td>SECTION II</td>
<td>Put it in Writing</td>
<td>2</td>
</tr>
<tr>
<td>SECTION III</td>
<td>Assess Job Tasks</td>
<td>7</td>
</tr>
<tr>
<td>SECTION IV</td>
<td>Identify Transitional Productive Work</td>
<td>21</td>
</tr>
<tr>
<td>SECTION V</td>
<td>Communicate with the Doctor and Employee</td>
<td>26</td>
</tr>
<tr>
<td>SECTION VI</td>
<td>Make a Bona Fide Offer of Employment</td>
<td>32</td>
</tr>
</tbody>
</table>

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SECTION I
DEVELOPING A RETURN-TO-WORK TEAM
An effective return-to-work program will have a team that helps set policies and procedures and ensures they are followed throughout the company.

1. Composing the Team
   • Choose a return-to-work coordinator
     Usually the same person as workers’ comp coordinator
     Responsible for directing team efforts
   • Organize Team members
     Human Resources Staff               Medical Staff/Physician
     Safety Personnel                      Employees
     Management                            Union Representative

SECTION II
PUT IT IN WRITING
The goals of a return-to-work program are to provide prompt medical care to injured employees and return them to work as soon as medically possible. Workers who return to work quickly feel more productive. Often they recover faster. You benefit by minimizing the cost of lost time. What can you do to get these results? Begin by creating a written return-to-work program and communicating it to your employees.

1. Write a policy statement that:
   • Confirms your commitment to a return-to-work program
   • Explains your company’s return-to-work philosophy
   • Stresses the importance of safe operations, immediate medical care, and returning injured workers to work.

2. Write procedures that explain the steps that your employees, supervisors, and return-to-work coordinator will take from the time an employee is injured until after the employee returns to work.

3. Write a statement that explains the responsibilities of the injured employee, the supervisor, the healthcare provider, your return-to-work coordinator, and your insurance company. Everyone must know what is expected of them.

4. Involve employees in the development of your return-to-work program and seek their support in making it work.

MORE INFO
On the following pages, we’ve provided samples and a “how-to” guide to help you.

Sample Policy Statement ................................................................. 3
Sample Procedures for a Return-to-Work Program .............................. 4
Sample Statement of Responsibilities ................................................. 5
How to Communicate Your Return-to-Work Program to Employees .......... 6
POLICY STATEMENT FOR A RETURN-TO-WORK PROGRAM

(Company’s name) is committed to providing a safe and healthy workplace for our employees. Preventing injuries and illnesses is our primary objective.

If an employee is injured, we will use our return-to-work program to provide assistance. We will get immediate, appropriate medical attention for employees who are injured on the job and will try to create opportunities for them to return to safe, productive work as soon as medically possible.

Our ultimate goal is to return injured employees to their original jobs. If an injured employee can’t perform all the tasks of the original job, we will make every effort to provide transitional productive work that meets the injured employee’s capabilities during their recovery.

The support and participation of management and all employees are essential for the success of our return-to-work program.

President/CEO
SAMPLE PROCEDURES FOR THE RETURN-TO-WORK PROGRAM
Follow these procedures when an employee is injured on the job.

1. An **employee** who is injured must immediately report the injury or incident to a supervisor or an appropriate person in management.

2. The **supervisor** or **return-to-work coordinator** is responsible for:
   - Following your date requirements for reporting injuries and illnesses.
   - Completing an incident investigation record for every report of injury, whether or not medical attention is needed.
   - Making a report to OSHA (when required for serious incidents) and keeping an OSHA log (if required).

3. If the injured employee needs medical attention, their supervisor should go with them to the doctor or other medical provider.

   Whenever possible, the employee or supervisor should provide the medical facility with the injured employee’s job description, including the physical demands, and an introductory letter explaining the return-to-work program. The supervisor should also ask to speak to the doctor after the visit.

4. If the employee is restricted from work, a contact person (the supervisor or return-to-work coordinator) should communicate regularly with the employee and treating doctor.

   The contact person should talk with the employee on the day of injury and once a week until the employee returns to work. The contact person should check with the treating doctor whenever the employee has a follow-up visit.

5. When the treating doctor releases the employee to transitional productive work, the supervisor should attempt to develop a transitional assignment. Every assignment must meet the doctor’s restrictions.

   **EVERY EFFORT WILL BE MADE TO DEVELOP TRANSITIONAL PRODUCTIVE WORK**

6. The supervisor must keep a copy of the doctor’s work release.

7. The supervisor must follow up with the employee regularly after the employee returns to work.
STATEMENT OF RESPONSIBILITIES

Employee Responsibilities:

• Make sure you understand your company’s procedure for reporting injuries.
• If you are injured, tell your doctor that transitional work is available to you. Your supervisor may ask you to take a letter from work to your doctor. The letter will explain your company’s return-to-work program.
• If a doctor gives you medical restrictions for a transitional productive work assignment, follow the doctor’s orders. Do not exceed the physical restrictions recommended by your treating physician.
• If a doctor restricts you from all work, call your employer once a week. After every doctor’s appointment call your employer and your adjuster to let them know how you are doing.
• If a doctor releases you to work, inform your supervisor and return to work on your next scheduled shift.

Supervisor Responsibilities:

• Train employees on proper reporting of incidents and injuries and return-to-work procedures.
• Go with the injured employee to the doctor. Tell the doctor about your company’s return-to-work program and provide the doctor with an explanatory letter.
• Contact the injured employee once a week and make sure all necessary forms are completed and returned.
• Express concern for the employee’s health and recovery.
• Provide information to your company’s return-to-work coordinator.
• Help create transitional work assignments that are meaningful.
• Make sure the injured employee is following the doctor’s restrictions.
• Check the employee’s condition regularly to help them get back to their original job.

Health Care Provider Responsibilities:

• Provide immediate and appropriate medical care to the injured employee.
• Assess the injured employee’s abilities.
• Provide the employee with physical restrictions to follow when performing job functions.
• Provide information about the employee’s work capabilities to the employer and return to work coordinator.
• Become familiar with operations at the employee’s workplace.

Return-to-Work Coordinator Responsibilities:

• Act as the employer’s representative.
• Maintain contact with the healthcare provider, WCF (insurance company), the employee, and the employee’s supervisor.
• Develop and maintain recordkeeping and reporting systems for incidents and injuries.

WCF Insurance (Insurance Company) Responsibilities:

• Assign a claims adjuster or vocational rehabilitation counselor to make a three-point contact with the injured employee, doctor, and employer.
• Provide workers’ compensation benefits to the injured employee.
• Provide information about the return-to-work program.
HOW TO COMMUNICATE THE RETURN-TO-WORK PROGRAM TO EMPLOYEES

For your return-to-work program to be effective, workers must understand your procedures and be willing to follow them. Here are ideas for successfully communicating the program to employees.

1. Educate employees about your return-to-work program at new employee orientations and safety training sessions. Present the program as a benefit to the employees. Explain the purpose of transitional productive work assignments and their benefits.

2. Introduce a new or revised return-to-work program at safety meetings. Here is a sample agenda:
   a. Invite a member of management to read your return-to-work policy statement.
   b. Review and discuss your return-to-work procedures.
   c. Review and discuss the employee and supervisor responsibilities shown on your statement of responsibilities.
   d. Explain why supervisors are creating task assessments and identifying transitional productive work and encourage suggestions from employees.
   e. Conclude with a question-and-answer session.

3. Put up posters showing your return-to-work policy statement. Make sure employees have access to return to work procedures and the statement of responsibilities.

4. Remind employees about the return-to-work program by offering information in company newsletters, payroll envelopes, and making it a part of your company’s information center safety training.
SECTION III
ASSESS JOB TASKS

Job analyses describe the jobs at your company. For each position at your company, write down the separate tasks that make up the job. List the physical demands and environmental conditions of each task.

These job analyses will help you to create transitional productive work assignments (described in the next section) for injured employees who are returning to work. When possible, analyze job tasks and create transitional work assignments before they are needed.

A great reason for doing this in advance is that you can identify unsafe aspects of a job and redesign or modify it to prevent injuries.

MORE INFO
On the following pages, we’ve provided forms that you can use to inventory tasks and assess physical demands, along with explanations of how to use the forms. We’ve also provided information on redesigning tasks and writing job descriptions.

Job Description Guide ................................................................. 8
How to Use the Job Analysis Form ............................................. 9
Physical Demand Factors and Definitions ................................. 11
Job Analysis Form ................................................................. 14
Principles of Task Redesign 19
# JOB DESCRIPTION GUIDE

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

<table>
<thead>
<tr>
<th>SECTION</th>
<th>GUIDELINES</th>
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<tbody>
<tr>
<td>Job Title</td>
<td>Provide the title and the location of the job, if appropriate.</td>
</tr>
<tr>
<td>Purpose of Job</td>
<td>Focus on outcomes of the job rather than process. List expectations and special requirements. List shift or hours worked.</td>
</tr>
<tr>
<td>Education and Work</td>
<td>Describe required or desired licenses, certifications, experience, training, and other qualifications.</td>
</tr>
<tr>
<td>Skill Requirements</td>
<td>Relate all pertinent skill requirements to job functions when possible.</td>
</tr>
<tr>
<td>Job Functions</td>
<td>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?</td>
</tr>
<tr>
<td>Job Duties</td>
<td>Be as specific as possible. State how frequently a task is performed and what equipment, tools, and materials are used.</td>
</tr>
<tr>
<td>Physical Demands</td>
<td>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.</td>
</tr>
<tr>
<td>Enviromental Conditions</td>
<td>Describe temperature, hazards, and other conditions.</td>
</tr>
</tbody>
</table>
HOW TO USE THE JOB ANALYSIS FORM

Job Title: Name of the job being analyzed.

Department: Name of the department the job is assigned to.

Analyst: Person completing the job analysis

Date: Date the job was analyzed. Job analyses should be updated periodically.

1. Job Summary: One or two sentences that describe the job's purpose. For example, for the job of fast-foods worker, the summary would be “Serves customers of a fast-food restaurant”.

2. Essential Job Functions: List the tasks that the person in the position must be able to perform unaided or with the assistance of reasonable accommodation. For example, a truck driver must drive the truck. Focus on the result of the task and not how it's performed, such as “enters data into the computer” rather than “types.”

3. Additional Functions/Tasks: List tasks that are only done rarely or are not essential to the job. For example, sweeping the shop floor may be a job duty of a mechanic, but it is not an essential part of the job. Look at things that are done less than ten percent of the time or could easily be done by someone else.

4. Hours Worked: List the start and end time of the work day for the job. Include any breaks (including meal breaks), when they occur, and how long they last. Also include any overtime hours expected in this job.

5. Education/Training/Experience/License Required: List the requirements for these areas as they pertain to the job.

6. Physical Demands: When determining physical demands, be specific: Weigh tools, materials, and products, measure the heights of shelves, work tables, or anything else that the worker would be reaching for or moving. Consider a force gauge to determine push/pull force. When deciding the frequency of the activity, use these definitions: (They are also included in the actual Job Analysis form for your convenience.)

   | NP | R | O | F | C |
---|----|---|---|---|---|
Not Present | Less than 10% of the time | Up to 66% of the time on shift | Up to 5 1/2 hours |
Rarely | | | | |
Occasionally | Up to 33% of time on shift | Up to 1 1/3 hours |
Frequently | Up to 66% of the time on shift | Up to 5 1/2 hours |
Continuously | 67-100% of time on shift | Up to 8 hours |

Work Aids Available/Comments: Use this area to further describe the physical demand factors above it. Examples of walking would be, “walks on uneven ground on the construction site” or “walks/stands on cement floors in the warehouse.” An example of lifting would be, “lifts boxes of paper weighing 30 pounds once a month for 20 minutes.” You can also use this area to list safety equipment and helping devices such as lifts, hoists, and adjustable desks that are available to the worker.

7. Work Strength: Read the definitions for sedentary, light, medium, heavy and very heavy work on page 12 and determine which category the job falls into. Remember that there is more involved than just how much weight the person lifts. These definitions are familiar to doctors who have a lot of workers’ compensation patients, such as occupational medicine or physical medicine and rehabilitation doctors.
8. **Machines, Tools, Equipment Used in Jobs:** List all that are used in the job you are analyzing. If it's an industry-specific tool that a doctor may not be familiar with, describe what the tool is and what it's used for. For example, "a mandrel is a tool component used to grip or clamp materials to be machined."

9. **Materials and Products Handled:** List all materials and products the person handles and be specific. This would include things like office products, cleaning products, and building materials.

10. **Vehicles/Moving Equipment Driven as Part of Job:** This would include personal vehicles, company vehicles, heavy equipment, fork lifts, and anything else that the employee drives. Be specific about the type of vehicle. For example, for a truck-driving position, clarify whether it’s a box truck, a semi-truck and trailer, or other type of truck rather than simply saying “truck.”

11. **Environmental Conditions:** Consider the surroundings of the job in relation to the factors listed on pages 13 and 14. For each factor, determine whether the factor is present, how often it’s present during the work day, and whether it has an effect on the job in terms of its frequency. In the comment section, explain the severity of the condition. For example, a power line repairer is frequently exposed to electrical shock and high exposed places; varying weather conditions, and the noise level is loud and continuous.

12. **Job Modifications:** As you complete your analysis, consider what types of modifications could be made for someone with restrictions. Mark the box for yes or no, and temporary or permanent. Specify what modifications you can make.

13. **Additional comments:** This area is for any other comments you would like to make, or that an employee would like to make concerning the job before sending it to the treating physician.

*The person who completes the analysis should always sign it and list their name, title, and date.*

**Treating Physician:** At the end of the form is a box for the treating (attending) doctor to complete. In this box, the doctor has the option to approve the job analysis as it reads or recommend other changes for their patient. You want to be sure the doctor signs and dates the form.
PHYSICAL DEMAND FACTORS AND DEFINITIONS

Standing: Remaining on one's feet in an upright position at a workstation without moving about.

Walking: Moving about on foot.

Sitting: Remaining in a seated position.

Lifting: Raising or lowering an object from one level to another (includes upward pulling).

Pushing: Exerting force upon an object so that the object moves away from the force (includes slapping, striking, kicking, and treadle actions).

Pulling: Exerting force upon an object so that the object moves toward the force (includes jerking).

Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles, and the like, using feet and legs or hands and arms. Body agility is emphasized.

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 feats.

Stooping: Bending body downward and forward by bending the spine at the waist, requiring full use of the lower extremities and back muscles, such as stooping while shoveling snow. Synonymous with bending.

Kneeling: Bending legs at the knees to come to rest on knee or knees, such as kneeling to connect wiring in cramped places.

Crouching: Bending body downward and forward by bending the legs and spine, such as crouching over rows of rose plants to reach and cut rootstock. Synonymous with squatting.

Crawling: Moving about on hands and knees, or hands and feet, such as crawling under a building.

Reaching: Extending hand(s) and arm(s) in any direction, such as reaching for writing instruments or the controls on a machine.

Handling: Seizing, holding, grasping, turning, or otherwise working with the hand or hands such as handling tools and lumber in construction. Fingers are involved only to the extent that they are an extension of the hand, such as to turn a switch or shift automobile gears.

Fingering: Picking, pinching, or otherwise working primarily with the fingers rather than with the whole hand or arm (as done in handling), such as fingering keys accurately to input data.

Feeling: Perceiving attributes of objects, such as size, shape, temperature, or texture, by touching with the skin, particularly that of fingertips such as feeling dough for desired consistency or sliding fingers over braille characters to feel discrepancies.

Talking: Expressing or exchanging ideas by means of the spoken word to impart oral information to clients or to the public and to convey detailed spoken instructions to other workers accurately, loudly, or quickly.

Hearing: Perceiving the nature of sounds by ear such as listening attentively to answer phones or listening for rattles and squeaks indicating malfunctioning or loose components.

Tasting/Smelling: Distinguishing, with a degree of accuracy, differences or similarities in intensity or quality of flavors or odors, or recognizing particular flavors or odors, using the tongue or nose, such as tasting and smelling food being cooked to determine if it is cooked sufficiently or walking along pipelines to detect gas odor while looking for leaks.

Near Vision: Clarity of vision at 20 inches or less, such as reading numerical or statistical data or checking for defects using a magnifier.
**Far Vision:** Clarity of vision at 20 feet or more, such as identifying a machine jam at a distance of 20 feet or reading traffic signs at a distance of up to 200 feet when driving a taxi.

**Depth Perception:** Three-dimensional vision. Ability to judge distances and spatial relationships so as to see objects where and as they actually are, such as judging distance and space relationship of stationary and moving objects to avoid accidents when driving a bus or observing products moving on conveyors to monitor flow and operation.

**Visual Accommodation:** Adjustment of lens of eye to bring an object into sharp focus. This factor is required when doing near point work at varying distances from the eyes, such as examining tissue samples under a microscope or guiding a cutting tool, continually keeping cutting lines in sharp focus.

**Color Vision:** Ability to identify and distinguish colors, such as identifying electrical wires by color or mixing paint to obtain proper color and shade compared to a sample.

**Field of Vision:** Observing an area that can be seen up and down or to the right or left while eyes are fixed on a given point, such as a jockey relying on peripheral vision to observe relative positions of nearby horses in a race or driving a taxi in city traffic.

**WORK STRENGTH DEFINITIONS**

**Sedentary Work:** Exerting up to ten pounds of force occasionally or a negligible amount of force frequently to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods. Jobs may be defined as sedentary when walking and standing are required only occasionally and all other sedentary criteria are met.

**Light Work:** Exerting up to 20 pounds of force occasionally, or up to ten pounds of force frequently, or a negligible amount of force constantly to move objects. Physical demand requirements exceed those for sedentary work. Even though the weight lifted may be only a negligible amount, a job is rated light work when it requires: (1) walking or standing to a significant degree; (2) sitting most of the time while pushing or pulling arm or leg controls; or (3) working at a production-rate pace while constantly pushing or pulling materials even though the weight of the materials is negligible. (The constant stress and strain of maintaining a production-rate pace, especially in an industrial setting, is physically demanding even though the amount of force exerted is negligible.)

**Medium Work:** Exerting 20 to 50 pounds of force occasionally, or ten to 25 pounds of force frequently, or an amount greater than negligible and up to ten pounds constantly to move objects. Physical demand requirements exceed those for light work.

**Heavy Work:** Exerting 50 to 100 pounds of force occasionally, or 25 to 50 pounds of force frequently, or ten to 20 pounds of force constantly to move objects. Physical demand requirements exceed those for medium work.

**Very Heavy Work:** Exerting in excess of 100 pounds of force occasionally, or in excess of 50 pounds of force frequently, or in excess of 20 pounds of force constantly to move objects. Physical demand requirements exceed those for heavy work.
ENVIRONMENTAL CONDITION FACTORS AND DEFINITIONS

**Exposure to Weather:** Exposure to outside atmospheric conditions. Examples are delivering mail or picking crops.

**Extreme Cold:** Exposure to non-weather-related cold temperatures. Examples are working in a cooler room while cutting meat or stocking a walk-in freezer with frozen foods.

**Extreme Heat:** Exposure to non-weather-related hot temperatures. Examples are working close to a hot stove during cooking or working constantly around hot tumbers in a laundry room.

**Wet and/or Humid:** Contact with water or other liquids or exposure to non-weather-related humid conditions. Examples are pressing garments with a pressing machine that uses steam or a janitor mopping floors.

**Noise:** The noise intensity level to which the worker is exposed in the job environment.
- **Level Examples**
  - *Very Quiet:* Isolation booth for a hearing test, deep sea diving
  - *Quiet:* Private office, library, golf course, art museum
  - *Moderate:* Business office where data entry occurs, department or grocery store
  - *Loud:* Can manufacturing department, heavy traffic, large earth-moving equipment
  - *Very Loud:* Rock concert – front row, jackhammer in operation, rocket-engine testing area during test

**Vibration:** Exposure to a shaking object or surface. Examples are operating a compressed-air rock-drilling machine or operating a tractor to scoop dirt.

**Atmospheric conditions:** Exposure to conditions, such as fumes, noxious odors, dusts, mists, and gases. Examples are cleaning and sterilizing animal cages or crates in a research facility or repairing and overhauling cars where the worker is exposed to fumes and odors of grease, oil, gas, and engine exhaust. Atmospheric conditions are more severe when there is not adequate ventilation to protect the respiratory system, eyes, and skin.

**Moving Electrical Parts:** Exposure to possible bodily injury from moving mechanical parts of equipment, tools, or machinery. Examples are setting up and operating woodworking machines or tending fabricating machines.

**Electric Shock:** Exposure to possible bodily injury from electrical shock. Examples are repairing energized power lines or operating high-voltage equipment and working with high-voltage circuits at a power substation.

**High, Exposed Places:** Exposure to bodily injury from falling. Examples are working from the bucket of a cherry picker or a steel worker riveting steel during bridge construction.

**Radiant Energy:** Exposure to possible bodily injury from radiation. Examples are operating x-ray equipment or monitoring radiation in a work environment where radioactive material is used.

**Explosives:** Exposure to possible injury from explosions. Examples are maintaining and repairing gas lines or testing ammunition.

**Toxic or Caustic Chemicals:** Exposure to possible bodily injury from toxic or caustic chemicals. Examples are tending equipment that chemically cleans semiconductor wafers or loading the conveyor of a battery-crushing machine.
JOB ANALYSIS

Job title: ____________________________ Department: ____________________________
Analyst: ____________________________ Date: ____________________________

1. Job summary: ________________________________________________________________

2. Essential job functions:
   a. ____________________________
   b. ____________________________
   c. ____________________________
   d. ____________________________
   e. ____________________________
   f. ____________________________
   g. ____________________________
   h. ____________________________
   i. ____________________________

3. Additional functions and tasks:
   a. ____________________________
   b. ____________________________
   c. ____________________________

4. Hours worked:

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<th>Comments:</th>
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<th>Break Times:</th>
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<th>Overtime hours per week:</th>
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5. Education / training / experience / license(s) required:
**Definition of physical demands:** (Out of an eight-hour workday)

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<th>C</th>
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<td>Not Present</td>
<td>Rarely Less than 10% of the time</td>
<td>Up to 48 minutes</td>
<td>Occasionally Up to 33% of time on shift</td>
<td>Up to 2 1/3 hours</td>
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### 6. Physical demands:

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<th>Factors</th>
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</table>
| a. **Standing:** Remaining on one's feet in an upright position at a workstation without moving about.  
| b. **Walking:** Moving about on foot.  
| c. **Sitting:** Remaining in a seated position. |

#### Work Aids Available/Comments:

<table>
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<th>Factors</th>
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<th>F</th>
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</table>
| d. **Lifting:** Raising or lowering an object from one level to another (includes upward pulling).  
| Under 10 lbs.  
| 10-25 lbs.  
| 25-50 lbs.  
| 50-75 lbs.  
| 75-100 lbs.  
| Over 100 lbs. |
| e. **Carrying:** Transporting an object, usually holding it in the hands or arms or on the shoulder.  
| Under 10 lbs.  
| 10-25 lbs.  
| 25-50 lbs.  
| 50-75 lbs.  
| 75-100 lbs.  
| Over 100 lbs. |

#### Work Aids Available/Comments:

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<tr>
<td>f. <strong>Pushing:</strong> Exerting force on an object so that the object moves away from the force (includes slapping, striking, kicking, and treadle actions).</td>
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<tr>
<td>g. <strong>Pulling:</strong> Exerting force on an object so that the object moves toward the force (includes jerking).</td>
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#### Work Aids Available/Comments:

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<th>F</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>h. <strong>Climbing:</strong> Ascending or descending ladders, stairs, scaffolding, ramps, poles, and the like, using feet and legs or hands and arms. Body agility is emphasized.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>i. <strong>Balancing:</strong> 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 feats.</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

#### Work Aids Available/Comments:
j. **Stooping:** Bending body downward and forward by bending spine at the waist, requiring full use of the lower extremities and back muscles.

k. **Kneeling:** Bending legs at knees to come to rest on knee or knees.

l. **Crouching:** Bending body downward and forward by bending legs and spine.

m. **Crawling:** Moving about on hands and knees or hands and feet.

**Work Aids Available/Comments:**

n. **Reaching:** Extending hand(s) and arm(s) in any direction.

o. **Handling:** Seizing, holding, grasping, turning, or otherwise working with hand or hands. Fingers are involved only to the extent that they are an extension of the hand, such as to turn a switch or shift automobile gears.

p. **Fingering:** Picking, pinching, or otherwise working primarily with fingers rather than with the whole hand or arm as in handling.

q. **Feeling:** Perceiving attributes of objects, such as size, shape, temperature, or texture, by touching with skin, particularly that of fingertips.

**Work Aids Available/Comments:**

r. **Talking:** Expressing or exchanging ideas by means of the spoken word to impart oral information.

s. **Hearing:** Perceiving sounds by ear.

t. **Tasting/Smelling:** Distinguishing, with a degree of accuracy, differences or similarities in intensity or quality of flavors or odors, or recognizing particular flavors or odors, using tongue or nose.

**Work Aids Available/Comments:**

u. **Near Vision:** Clarity of vision at 20 inches or less.

v. **Far Vision:** Clarity of vision at 20 feet or more.

w. **Depth Perception:** Three-dimensional vision. Ability to judge distances and spatial relationships so as to see objects where and as they actually are.

x. **Visual Accommodation:** Adjustment of eye lens to bring an object into sharp focus. This factor is required when doing near-point work at varying distances from the eye.

y. **Color Vision:** Ability to identify and distinguish colors.

z. **Field of Vision:** Observing an area that can be seen up and down or to right or left while eyes are fixed on a given point.

**Work Aids Available/Comments:**

**7. Work strength:** In degree of strenuousness, this job is considered:

- **Sedentary Work:** Exerting up to ten pounds of force occasionally or a negligible amount of force frequently to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods. Jobs may be defined as sedentary when walking and standing are required only occasionally and all other sedentary criteria are met.
L  **Light Work:** Exerting up to 20 pounds of force occasionally, or up to 10 pounds of force frequently, or a negligible amount of force constantly to move objects. Physical demand requirements exceed those for sedentary work. Even though the weight lifted may be only a negligible amount, a job is rated light work when it requires: (1) walking or standing to a significant degree; (2) sitting most of the time while pushing or pulling arm or leg controls; or (3) working at a production-rate pace while constantly pushing or pulling materials, even though the weight of the materials is negligible. (The constant stress and strain of maintaining a production-rate pace, especially in an industrial setting, is physically demanding of a worker even though the amount of force exerted is negligible.)

M  **Medium Work:** Exerting 20 to 50 pounds of force occasionally, or ten to 25 pounds of force frequently, or an amount greater than negligible and up to ten pounds constantly to move objects. Physical demand requirements exceed those for light work.

H  **Heavy Work:** Exerting 50 to 100 pounds of force occasionally, or 25 to 50 pounds of force frequently, or ten to 20 pounds of force constantly to move objects. Physical demand requirements exceed those for medium work.

V  **Very Heavy Work:** Exerting more than 100 pounds of force occasionally, or more than 50 pounds of force frequently, or more than 20 pounds of force constantly to move objects. Physical demand requirements exceed those for heavy work.

8. **Machines, tools, equipment used in job:**

9. **Materials and products handled:**

10. **Vehicles/moving equipment driven as part of job:**

11. **Environmental conditions**

**Definition of physical demands:** (Out of an eight-hour workday)

<table>
<thead>
<tr>
<th>NP</th>
<th>R</th>
<th>O</th>
<th>F</th>
<th>C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Present</td>
<td>Rarely</td>
<td>Less than 10% of the time</td>
<td>Up to 48 minutes</td>
<td></td>
</tr>
<tr>
<td>Occasionally</td>
<td>Up to 33% of time on shift</td>
<td>Up to 2 1/3 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frequently</td>
<td>Up to 66% of time on shift</td>
<td>Up to 5 1/2 hours</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Continuously</td>
<td>67-100% of time on shift</td>
<td>Up to 8 hours</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CONDITIONS**

- Exposure to Weather
- Extreme Cold
- Extreme Heat
- Wet and/or Humid
- Vibration
- Atmospheric Conditions
- Moving Mechanical Parts
- Electric Shock
- High, Exposed Places
- Radiant Energy
- Explosives
- Toxic or Caustic Chemicals

*Noise level:

*Indicate the level in the appropriate box: Very Quiet, Quiet, Moderate, Loud, Very Loud

**Comments:** _____________________________________________________________
12. **Job modifications:** Can this job be modified in any way?

- ☐ Yes
- ☐ No
- ☐ Temporary
- ☐ Permanent

Specify:

13. **Additional Comments:** (Employee or employer comments, questions, or suggested changes).

**Completed by:** Name/Title ________________________________ Date ________________

---

**FOR ATTENDING PHYSICIAN’S USE ONLY**

- ☐ I agree that *(injured employee’s name)* can perform the physical activities described in this job analysis.
- ☐ *(Injured employee’s name)* can perform the physical activities described in this job analysis with the following changes:

**Comments/Releasing Restrictions:**

Attending Physician’s Signature ________________________________ Date ________________
PRINCIPLES OF TASK REDESIGN

When you identify unsafe aspects of a job task, it’s time to redesign the task so you can prevent injuries or reinjuries. Solutions are often simple and inexpensive. Here is a list of key principles to follow when redesigning a task.

Minimize Significant Body Motions

1. Minimize bending motions.
   - Use lift tables, work dispensers, and similar mechanical aids.
   - Raise the work level to an appropriate height.
   - Provide all material at work level.
   - Keep materials at work level (for example, don’t lower anything to the floor that must be lifted later).

2. Reduce twisting motions
   - Provide all materials and tools in front of the worker.
   - Use conveyors, chutes, slides, or turntables to change the direction of material flow.
   - Provide adjustable swivel chairs for seated workers.
   - Provide sufficient work space for the whole body to turn.
   - Improve the layout of the work area.

3. Reduce reaching motions
   - Provide tools and machine controls close to the worker to get rid of horizontal reaches over 16 inches.
   - Place materials, work pieces, and other heavy objects as close to the worker as possible.
   - Reduce the size of cartons or pallets being loaded or allow the worker to walk around them or rotate them.
   - Reduce the size of the object that is to be kept close to the body.

Reduce Object Lifting and Lowering Forces

1. Reduce the need to lift or lower
   - Use lift tables, lift trucks, cranes, hoists, balancers, drum and barrel dumpers, work dispensers, elevating conveyors, and similar mechanical aids.
   - Raise the work level.
   - Use gravity dumps and chutes.

2. Reduce the weight of the object
   - Reduce the size of the object (specify size to supplier).
   - Reduce the capacity of the containers.
   - Reduce the weight of the container itself.
   - Reduce the load in the container.
   - Reduce the number of objects lifted or lowered at one time.

3. Reduce the hand distance
• Change the shape of the object.
• Provide grips or handles.
• Provide better access to the object.
• Improve layout of the work area.

Reduce Object Pushing and Pulling Forces
1. Eliminate the need to push or pull.
   • Use powered conveyors.
   • Use powered trucks.
   • Use slides and chutes.

2. Reduce the required force
   • Reduce the load weight.
   • Use non-powered conveyors, air bearings, ball-caster tables, monorails, and similar aids.
   • Maintain hand trucks, floor surfaces, and other work surfaces well.
   • Treat surfaces to reduce friction.
   • Use air-cylinder pushers or pullers.

3. Reduce the distance of the push or pull
   • Improve the layout of the work area.
   • Relocate production or storage area.

Reduce Carrying Forces
1. Eliminate the need to carry by converting to pushing or pulling
   • Use conveyors, air bearings, ball caster tables, slides, chutes, and similar aids.
   • Use lift trucks, two-wheel or four-wheel hand trucks, dollies, and similar aids.

2. Reduce the weight of the object
   • Reduce the object size.
   • Reduce the capacity of containers.
   • Reduce the weight of the container itself.
   • Reduce the load in the container.
   • Reduce the number of objects lifted or lowered at one time.

3. Reduce the carrying distance
   • Improve the layout of the work area.
   • Relocate production or storage areas.
SECTION IV
IDENTIFY TRANSITIONAL PRODUCTIVE WORK

Transitional productive work — what used to be called “light duty” — lets you match job tasks to the capabilities of injured workers. How do you find these assignments? Ask your employees and their supervisors. These are the people who know their jobs best and they can be an excellent resource.

Keep the employee’s doctor informed as you create a transitional work assignment to make sure it meets the doctor’s medical restrictions. Fill out a transitional productive work agreement form to ensure that the injured employee and the supervisor understand the employee’s capabilities and any medical restrictions.

MORE INFO
On the following pages, we’ve provided samples that you can use to identify and assign transitional productive work.

How to Identify Transitional Productive Work ................................................................. 22
Examples of Reasonable Accommodation for Injuries and Sample Costs ..................... 24
HOW TO IDENTIFY TRANSITIONAL PRODUCTIVE WORK

Transitional productive work assignments are used to bring injured employees back to the workplace as soon as medically possible. In many cases, workers won’t be able to return to their original jobs while recovering from an injury. Bring them back to work by modifying their duties or developing an entirely new assignment. Here are some helpful tips.

Before an Injury Occurs

1. Identify possible tasks for transitional productive work assignments. Ask employees and supervisors to help you brainstorm about everyday tasks as well as new tasks that an injured employee could do. Suitable tasks usually are not physically demanding and should always be safe, meaningful, and productive. To get started, ask:
   - What tasks are not being performed now?
   - What tasks are performed occasionally?
   - What tasks could an injured employee do that would free other employees to perform their jobs more efficiently?

2. Organize information about these jobs. Do a job analysis to identify physical demands and other conditions (helpful information is provided in this kit). If possible, make a short video of the tasks. Keep the job analysis and videos in an accessible area.

3. Keep job descriptions up to date and accurate. Write a job description for every job at your company. If an employee is injured, you will already have the information you need about the employee’s original job assignment.

After an Injury Occurs

1. Tell the doctor that your company has a return-to-work program. Give the doctor a job description, a job analysis of the employee’s original job, and information about possible transitional productive work. Ask the doctor the following questions:
   - Can the injured employee return to the original tasks with no changes?
   - Can the injured employee return to the original tasks under special conditions, such as working reduced hours or using modified equipment?
   - Can the injured employee do transitional productive work?

2. Have the doctor complete a return-to-work recommendation form (or prescription) that lists the employee’s medical restrictions and current capabilities. All transitional duty must conform to the doctor’s restrictions, including any changes in job duties. Have the doctor update this form each time the employee has an appointment.

3. Have the return-to-work coordinator, the employee, and the employee’s supervisor sign a transitional productive work agreement. This agreement describes the new work duties, start and end dates for the duties, and medical restrictions. The agreement states that the injured employee will not work or be asked to work outside of medical restrictions.

4. Continually monitor the employee’s progress. Talk with the employee regularly and discuss any concerns. Make sure any changes in transitional productive work conform to current doctor’s restrictions.
5. When the employee reaches the end date of the agreement, discuss the employee’s medical status and the success of the assignment. If the doctor gives the employee a full release to work, the employee can go back to the original job. If the doctor continues to give the employee medical restrictions, evaluate continuing transitional productive work.

Troubleshooting

**What if I bring an injured employee back to transitional productive work and the employee is reinjured on the job?**

There is no guarantee that an employee will not be reinjured. In some circumstances, a reinjury may be considered a new claim. The treating doctor should always approve transitional productive work, which will reduce the risk of reinjury.

**What if an injured employee on transitional duty is constantly late to work, does not carry out assigned tasks, and often has unexcused absences?**

If you have company rules for all employees, the same rules apply to injured employees. Follow your existing disciplinary process. If you send an injured employee home without pay (for instance, suspension, termination, or administrative leave) and their industrial condition has not reached maximum medical improvement, they may continue to receive temporary disability benefits.
EXAMPLES OF REASONABLE ACCOMMODATION FOR INJURES
Often a reasonable accommodation allows an injured employee to return to transitional productive work. A reasonable accommodation is a modification or adjustment to a job, work environment, or process that enables a person to work. Reasonable accommodations can also help you keep a skilled employee who has permanent restrictions.

<table>
<thead>
<tr>
<th>THE INJURY</th>
<th>THE ACCOMMODATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>A clerk with limited use of her hands had difficulty reaching.</td>
<td>A “lazy susan” file holder on the clerk’s desk allowed the clerk to do the same work as before the injury.</td>
</tr>
<tr>
<td>A young electrical engineer suffered a severe spinal injury.</td>
<td>A special keyboard allowed the engineer, who could not use an ordinary computer keyboard, to enter data using a mouthstick.</td>
</tr>
<tr>
<td>A logger lost two fingers on his dominant hand.</td>
<td>A glove with a built-in wrist support enabled the logger to use the chainsaw and keep his original job.</td>
</tr>
<tr>
<td>A furnace charger lost a hand.</td>
<td>Buttons on the furnace charge box, which normally require two hands to operate, were adapted to one-hand use by an orthopedic appliance manufacturer. The furnace charger returned to work.</td>
</tr>
<tr>
<td>A fabricator with a back injury had difficulty bending and handling materials.</td>
<td>An adjustable-height table made handling materials easier and enabled the worker to continue her job.</td>
</tr>
<tr>
<td>A district sales agent had a back injury.</td>
<td>A special chair relieved back pain and allowed the agent to sit comfortably while doing desk work.</td>
</tr>
</tbody>
</table>

Source: Job Accommodation Network
## SAMPLE COST OF REASONABLE ACCOMMODATION

<table>
<thead>
<tr>
<th>THE ACCOMMODATION</th>
<th>THE COST</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-glare filter for a computer screen to prevent fatigue for a person with an eye disorder.</td>
<td>$50</td>
</tr>
<tr>
<td>Wood blocks to raise a desk for a person who uses a wheelchair.</td>
<td>$5</td>
</tr>
<tr>
<td>Ergonomic office chair for a person who has back or shoulder problems.</td>
<td>$130</td>
</tr>
<tr>
<td>Split shift or flexible work hours for a person with fatigue from a brain injury.</td>
<td>No Cost</td>
</tr>
<tr>
<td>Ergonomic and lightweight cleaning equipment for a janitor with a back impairment.</td>
<td>$200</td>
</tr>
</tbody>
</table>

Source: Job Accommodation Network
SECTION V
COMMUNICATE WITH THE DOCTOR AND EMPLOYEE

Communication is vital to a return-to-work process. Maintain regular contact with the treating doctor and the injured employee. If possible, the supervisor should accompany the employee to the medical appointments — especially the first visit. Ask the employee to sign a release so the doctor can discuss work-related medical information with your company. If the employee's supervisor cannot go to the doctor with them, have the supervisor send a letter explaining your return-to-work program to the employee's doctor.

Ask the doctor to give you recommendations about the employee's physical capabilities as they relate to the injury and the employee's ability to carry out job tasks. These recommendations will be crucial for assigning transitional work. Always be sure the doctor agrees with any return-to-work assignments.

Keep track of what benefits the injured employee receives and how long benefits are paid.

MORE INFO
On the following pages, we’ve provided samples for communicating with the doctor, keeping track of communication with the employee, and understanding benefit payments.

Sample Letter for the Treating Doctor..............................................................27
Sample Medical Release of Information .......................................................28
Sample Doctor’s Return-to-Work Recommendations .......................................29
Post-Injury Telephone Report Log ..................................................................30

Troubleshooting

If my employee is injured on the job, can I choose the doctor I want the employee to visit?

You may direct the injured employee to see your company doctor for the initial visit, but every injured employee has the right to choose their own treating physician after the initial visit with the company doctor.
LETTER FOR THE TREATING DOCTOR

(Date of letter)

(Doctor’s name)
(Doctor’s address)

Dear (doctor’s name):

(Employee’s name) is employed by (company’s name) as a (job title). He/she was injured on (date of injury), and you treated him/her on (date of treatment).

(Company’s name) has implemented a return-to-work program. This program is designed to return an injured employee to the workplace as soon as medically possible. If (employee name) can’t return to his/her job, we will make every attempt to return him/her to modified duties or a transitional duty position. We will also ensure that this position meet’s all of (employee’s first name)’s medical restrictions. (Employee’s name) is aware of our desire to return him/her to work. If necessary, we are willing to rearrange work schedules around diagnostic or treatment appointments.

Our company has identified job duties that may be suitable for a return-to-work situation. Enclosed is a job description with required physical demands that may be appropriate for (employee name) based on our knowledge of his/her injury. Please help us by reviewing the attached position and providing your recommendations. We would also like updated restrictions after each appointment.

Please call me at (company’s telephone number) if you have any questions about our return-to-work program or the proposed job. Thank you in advance for your participation in our efforts to return (employee’s name) to a safe and productive workplace.

Sincerely,

(Company’s representative)
(Title)
(Company Name)
(Representative’s phone number)
MEDICAL RELEASE OF INFORMATION

I, ____________________________, authorize my treating doctor, ____________________________, to give my employer, ____________________________, pertinent information about my current work-related injury and how that injury may affect my ability to complete the essential functions of my job. No other confidential information may be released without my written consent. This release will be valid no longer than 90 days, at which time it will be re-evaluated. (Company name) will use medical information they receive under this release only for return-to-work purposes, and they will not release medical information from their file unless required by law.

____________________________________________________________________ ___________________________
Injured employee's signature          Date

____________________________________________________________________ ___________________________
Employer's signature          Date
DOCTOR'S RETURN-TO-WORK RECOMMENDATIONS

Employee's name:_______________________________________________ Date of injury:________________________

Company's name__________________________________________________________________________________

Department:____________________________________________ Supervisor:__________________________________

Check Which One Applies:

☐ Return to work with no limitations as of _______________________________________________________(date)

☐ Return to work with physical restrictions listed below (or attached) on________________________________(date)

Date of next doctor’s appointment or return-to-work evaluation:_________________________________________

Approved transitional work assignment:___________________________________________________________

☐ Unable to return to work now:

Date of next doctor’s appointment:______________________________________________________________

Estimated return-to-work date:__________________________________________________________________

Physical restrictions:

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Other comments (including prescribed medications):

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

_______________________________________________________________________________________________

Doctor's printed name:______________________________________________________________________________

Doctor's signature:__________________________________________________ Date: __________________________
POST-INJURY TELEPHONE REPORT

Employee's name: __________________________________________________ Home phone:_____________________ 

Employee's supervisor: ______________________________________________ Date of injury:___________________

Treating doctor:___________________________________________________ Doctor’s phone:___________________

Have workers’ compensation benefits been discussed with employee? Yes _____ No _____

Has the return-to-work program been discussed with employee? Yes _____ No _____

Log of Doctor’s Appointments

Date:_______________________________________________ Time:________________________________________

Comments:____________________________________________________________________________________

Date:________________________________________________________ Time:_______________________________

Comments:____________________________________________________________________________________

Contact by:____________________________________________________________________________________

Date:________________________________________________________ Time:_______________________________

Comments:____________________________________________________________________________________

Contact by:____________________________________________________________________________________

Date:________________________________________________________ Time:_______________________________

Comments:____________________________________________________________________________________

Contact by:____________________________________________________________________________________
SUPERVISOR'S TELEPHONE LOG

Date:_______________________________________________Time:__________________________________________

Comments:________________________________________________________________________________________

_______________________________________________________________________________________________

Contact by:_______________________________________________________________________________________

_______________________________________________________________________________________________

Date:_______________________________________________Time:__________________________________________

Comments:________________________________________________________________________________________

_______________________________________________________________________________________________

Contact by:_______________________________________________________________________________________

_______________________________________________________________________________________________

Date:_______________________________________________Time:__________________________________________

Comments:________________________________________________________________________________________

_______________________________________________________________________________________________

Contact by:_______________________________________________________________________________________

_______________________________________________________________________________________________
SECTION VI
TRANSITIONAL PRODUCTIVE WORK AGREEMENTS AND BONA-FIDE OFFERS OF EMPLOYMENT

All offers of transitional productive work should be made in writing. You should make a written bona fide (valid) offer of employment if you have an injured employee who resists or refuses transitional productive work.

MORE INFO
On the following pages, we’ve provided a checklist for making an offer of employment. We’ve also provided a sample letter making a bona fide offer of employment.

Sample Transitional Productive Work Agreement.................................33
Checklist for Making Bona Fide Offers of Employment........................34
Sample Bona Fide Offer of Employment............................................35

Troubleshooting

If I offer my injured employee a transitional duty assignment, can the employee refuse it?

Injured employees may refuse an offer for transitional productive work, but if the offer was bona fide, their temporary income benefits may be stopped. This does not mean your injured employee is terminated from employment. Follow your company’s absence and leave policies and discuss the situation with your attorney before terminating the employee.

If an injured employee returns to work at a lower pay rate, does the employee receive workers’ compensation benefits?

Yes. If the injured employee has not reached maximum medical improvement (MMI) and is not receiving the average weekly wage they earned before the accident, the employee will receive adjusted disability benefits.
TRANSITIONAL PRODUCTIVE WORK AGREEMENT

Employee's name: _______________________________________________
Department:_________________________________

Employee's title: __________________________________________________ Date: ___________________________
Effective dates _______________________________ until __________________________________

I am assigned to transitional work duties or limited duties. My work duties are listed below.

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

Doctors medical restrictions:

_______________________________________________________________________________________________
_______________________________________________________________________________________________
_______________________________________________________________________________________________

I agree to do these work duties and follow my doctor’s medical restrictions. If I ignore my medical restrictions, I understand that my employer may take disciplinary action.

If a supervisor or anyone else asks me to do work that doesn’t follow my medical restrictions, I must immediately report the situation to ____________________________ (name of return-to-work coordinator), who will take action to correct the situation.

If I think my new work duties are causing discomfort or making my medical condition worse, I will report this immediately to ____________________________ (name of return-to-work coordinator).

Employee signature: ____________________________________________________________________________
Date:__________________

Supervisor signature: ____________________________________________________________________________
Date:__________________

Return-to-work coordinator signature: _____________________________________________________________
Date:__________________

35
CHECKLIST FOR MAKING A BONA FIDE OFFER OF EMPLOYMENT

When the treating doctor releases one of your injured employees to work in any capacity, you should offer transitional duty work. If the injured employee is reluctant or refuses the transitional duty work, you should send a letter making a bona fide offer of employment.

When deciding whether an offer is bona fide, the following should be considered:

- How long the job is expected to last.
- How long the offer was kept open.
- The way you made the offer to the employee.
- The job’s physical requirements and accommodations compared to the employee’s physical capabilities.
- The distance the employee has to travel to get to work (a job is accessible if it is within a reasonable distance of where the employee lives, unless the employee shows through medical evidence that a medical condition won’t allow the employee to travel that distance).

To help you make a bona-fide offer, we have provided a sample letter on the next page. Follow this checklist when you write an offer:

- State the job title, what the wage will be, and where the employee will work. State how long the job offer will be open and how long the job will last.
- Describe the job duties.
- Describe the maximum physical requirements of the job.
- Say that you know and will follow the advice of the employee’s doctor about the employee’s physical limitations at work.
- When you make an offer, call the claims adjuster handling your claim. The claims adjuster can help if you have questions or need additional information.
- If the employee’s main language is not English, have the letter translated into the appropriate language.
- Send the offer by certified mail, return receipt requested.
- Send a copy of the letter and mail the receipt to the adjuster handling the claim.

It is virtually impossible to show that a bona fide offer was made unless it was made in writing. WCF Insurance would have to provide an adjudicative with clear and convincing evidence that you made the bona fide offer of employment some other way. Please understand that the benefit of the doubt will always favor the employee.
BONA FIDE OFFER OF EMPLOYMENT

Certified Mail Return Receipt Requested

January 14, 2016

Mr. John Doe
0000 Alpine Drive
Salt Lake City, UT 84777

Dear John:

On (date) Company Inc offered you a transitional productive work assignment as a Parts Sander that would last six weeks and we believe you qualify to do the work.

The job is in the night vision fabrication department where we prepare parts and assemble night-vision helmets. You would sand and trim parts. These parts weigh from two ounces to two pounds. Then you would glue and assemble the parts. If necessary, we can bring the parts to your workstation.

The only lifting required would be for you to lift the small parts from the box at your workstation and place them on your worktable. This job does not require you to walk or stand, except to walk from your vehicle to the workstation at the beginning of your shift and return to your vehicle at the end of the shift.

Dr. Smith, your treating doctor, has authorized you to return to work at this job. He has agreed that this job is within your capabilities. Dr. Smith also has given us a written description of your physical limitations at work. We agree to follow Dr. Smith’s recommendations until you are released to full duty.

The wage is $10.00 per hour. Work days are Monday through Friday and work hours are from 7:00 a.m. to 3:30 p.m. with a 10-minute break in the morning, a 30-minute lunch break, and a 10-minute break in the afternoon. The job is at 2222 Avenue Z, Salt Lake City, Utah.

This letter is to confirm that you declined our offer on (date). We are willing to keep this offer open for five workdays after you receive this letter. If we do not hear from you within five workdays, we will assume you are continuing to refuse this offer. This is a bona fide (valid) offer of employment. We appreciate your quick response.

Sincerely,

President, Company Inc.

- CALL YOUR ADJUSTER BEFORE SENDING A LETTER.
- SEND BY U.S. MAIL WITH RETURN-RECEIPT REQUESTED.
You don’t get injured workers well
to put them back to work,
you put them back to work
to get them well.

Richard K. Pimentel