### EXPLANATION OF ABBREVIATIONS

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AWW</td>
<td>Average Weekly Wage</td>
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<tr>
<td>MMI</td>
<td>Maximum Medical Improvement</td>
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<tr>
<td>NCIC</td>
<td>North Carolina Industrial Commission</td>
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<tr>
<td>OSHR</td>
<td>NC Office of State Human Resources</td>
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<tr>
<td>PPD</td>
<td>Permanent Partial Disability</td>
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<tr>
<td>PTD</td>
<td>Permanent Total Disability</td>
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<tr>
<td>RTW</td>
<td>Return To Work</td>
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<tr>
<td>RTWP</td>
<td>Return To Work Program</td>
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<tr>
<td>SHWC</td>
<td>NC Office of State Human Resources Safety Health and Workers’ Compensation Division</td>
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<tr>
<td>SWCP</td>
<td>State Workers’ Compensation Program</td>
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<tr>
<td>TPA</td>
<td>Third Party Administrator</td>
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<tr>
<td>TPD</td>
<td>Temporary Partial Disability</td>
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<tr>
<td>TTD</td>
<td>Temporary Total Disability</td>
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<tr>
<td>WCA</td>
<td>Workers’ Compensation Administrator</td>
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INTRODUCTION

POLICY
The OSHR State Workers’ Compensation Program (SWCP) Return To Work Program (RTWP) is designed to promote rehabilitation and enhance the recovery process of employees experiencing work-related injuries or illnesses while maximizing productivity and controlling related expenditures. The RTWP will foster compliance with the Americans with Disabilities Act (ADA) and associated guidelines. This will be accomplished through a partnership of the injured employee, medical providers, and agency/university staff working together to expedite the employee’s return to physical and psychological well-being.

PURPOSE and GOALS
The purposes of the RTWP are:

• Provide modified work for employees who due to a work related injury or illness are restricted from performing some or all of their regular duties for a temporary period of time; and
• Address placement efforts to return employees to work who after reaching maximum medical improvement for their work related injury or illness are permanently restricted from performing their regular work duties.

The goals of the RTWP are:

• Promote positive workplace morale through communication and support for the injured worker; and
• Minimize the potential for re-injury or permanent disability; and
• Reduce medical and disability (lost wages) costs to the State; and
• Increase productivity by decreasing lost work time.

SCOPE
State Departments and Universities shall institute a RTWP tailored to their organizational needs within the guidelines established in the model developed under the State Government Workers’ Compensation Program. Every employee experiencing a work related injury or illness shall be entered into the RTWP as soon as medically possible.

SCENARIOS
Generally, there are three possible return to work scenarios when an employee who has experienced a work-related injury or illness has been released to return to work by the authorized treating physician. The agency/university shall develop a structured Return To Work Program (RTWP) to address all of these scenarios.

1. Has Reached Maximum Medical Improvement (MMI) and Is Released to Return to Work Without Restrictions: When an employee has reached MMI and the authorized treating physician has released the employee to return to work full duty, the agency/university shall return the employee to the same position or one of like seniority, status, and pay held prior to the period of workers’ compensation leave.
2. **Has Not Reached Maximum Medical Improvement (MMI) but Has Been Released to Return to Work with Restrictions:** When an employee has not reached MMI and the authorized treating physician has assigned work restrictions that cannot be accommodated in the employee’s original position, the agency/university shall provide “modified duty” work suitable to the employee’s skill level and is within the employee’s work restrictions assigned by the authorized treating physician. Modified duty work may be noncompetitive work or may incorporate tasks from multiple jobs that is not regularly available to other employees. Most important, the work should be valuable to the agency/university and employee. Such work shall:

a. Be a temporary assignment; and
b. Not exceed ninety (90) days (with periodic evaluations) without approval from the agency/university Human Resources Director.

3. **Has Reached Maximum Medical Improvement (MMI) and Has Been Released to Return to Work with Permanent Restrictions:** When an employee has reached maximum medical improvement and the authorized treating physician has assigned permanent work restrictions that cannot be accommodated in the employee’s original position, the agency/university shall:

a. Attempt to place the employee in another position (with an appointment like that held prior to the injury) that the employee is capable of performing considering the employee’s preexisting and injury-related physical and mental limitations, vocational skills, education, and experience and is located within a 50-mile radius of the employee’s residence at the time of injury or the employee’s current residence if the employee had a legitimate reason to relocate since the date of injury; and
b. Treat reemployment of the employee with priority as described in the Selection Policy, Special Employment and Reemployment Considerations, Recruitment and Selection Section; and

   c. Appoint employee to the first suitable vacancy that occurs during the work placement efforts.

If the employee accepts a position in a lower pay grade than the pre-injury position, the employee’s pay will be adjusted, as appropriate, within the range of the lower pay grade and the employee will receive temporary partial disability (TPD) benefits in accordance with law.

If a position is not available that is suitable to the employee’s capacity, the employee will continue on workers’ compensation leave until work placement is located or settlement occurs.
RETURN TO WORK PROGRAM COMPONENTS

The State agency/university Workers’ Compensation Administrator (WCA) or other staff member will coordinate their respective Return To Work Program (RTWP). In order to establish an effective RTWP, the agency/university must involve key personnel in many areas and communicate with the entire workforce to gain support. The program must be administered consistently and fairly to all employees. The success of the RTWP will depend on whether the employees have confidence in the program’s unbiased and uniform administration.

The processes necessary to institute a successful RTWP can be organized into the eight basic components listed in this Manual.

The information contained herein is offered to assist agencies/universities with the establishment and maintenance of their internal RTWPs. Included with this Manual are management tools containing recommendations and suggestions that the agency/university may adopt to implement procedures which will best fit the agency/university’s organizational needs. These tools are designed to be guidelines, recommendations, and samples which agencies/universities are encouraged to select and revise as needed to meet individual organizational needs. All sample documents in RTWP Tools may be reproduced, revised, and utilized to meet individual agency/university needs.

Agencies/universities are encouraged to share any other recommended Program Tools with the Office of State Human Resources (OSHR) for distribution to other State agencies/universities.

KEY PROGRAM COMPONENTS

I. MANAGEMENT SUPPORT

II. AGENCY/UNIVERSITY RETURN TO WORK COMMITTEE

III. EDUCATION OF THE WORKFORCE

IV. WRITING/UPDATING JOB DESCRIPTIONS

V. IDENTIFICATION OF MODIFIED DUTY WORK

VI. COMMUNICATION WITH MEDICAL PROVIDERS

VII. MAXIMUM MEDICAL IMPROVEMENT

VIII. VOCATIONAL REHABILITATION

IX. PROGRAM EVALUATION
I. MANAGEMENT SUPPORT

Agency/university management collaboration and support with safety and workers’ compensation staff are the driving forces behind a successful RTWP as injury prevention and workers’ compensation claims management are agency/university wide concerns.

The Office of State Human Resources (OSHR) will promote this support through:

- Established RTWP Guidelines
- Informational meetings about RTWP goals with agency/university management upon request
- RTWP evaluations

The Workers’ Compensation Administrator (WCA) is responsible for periodic communication and reporting to management concerning the progress of the agency/university RTWP. The WCA is also responsible for working with agency/university management to implement incentives and accountability measures to promote cross-departmental cooperation and support for the RTWP.

Section I of the RTWP Tools includes a RTWP Fact Sheet which summarizes the benefits of a RTWP.

II. AGENCY/UNIVERSITY RETURN TO WORK COMMITTEE

Agency/university management is responsible for consistency in return to work decisions. Utilization of a Return To Work Committee is recommended to accomplish this goal. The standing Return To Work Committee should include representatives from several key areas in the agency/university. The injured employee and their supervisor should be included in the Committee’s discussions regarding each individual claim as it arises.

Suggested resources for representatives of the Return To Work Committee are listed in Section II of the RTWP Tools. This committee may be established solely for this program or the agency/university may utilize an existing inter-disciplinary committee or team. The purpose of this committee is to assist with the establishment and evaluation of the agency/university RTWP and may be helpful in many other areas of the RTWP. The Tools also contain an outline of the recommended purpose and tasks of such a committee.

III. EDUCATION OF THE WORKFORCE

The key to gaining workforce support for the RTWP is positive promotion of this benefit. Workforce education should be divided into two categories: supervisors and employees so that the benefits of a RTWP are presented in an appropriate frame of reference. There are many benefits for all involved with the establishment of a RTWP. Specific suggestions and recommendations are found in Section III of the RTWP Tools.

IV. WRITING/UPDATING JOB DESCRIPTIONS
The key to reducing time out of work after an injury begins with an accurate and functional job description of the employee’s regular duty position. The job description must include the physical demands of the job, which will not only facilitate the hire of persons who can physically do the job, but will also facilitate a quicker, safer return to work. Functional job descriptions will aid medical providers in assigning modified duties and determining the appropriate date for return to regular duty. Knowledge of the physical demands of the job and the physical capabilities of the Employee will aid supervisors in accurately matching modified or regular duty jobs with the Employee. Identifying the essential functions of jobs and the physical demands will also aid ADA personnel in determining whether accommodations can be made for Employees who have permanent restrictions. Guidelines for writing functional job descriptions as well as a sample Functional Job Description are included in Section IV of the RTWP Tools.

IV. IDENTIFICATION OF MODIFIED DUTY WORK

Modified Duty Work is defined as work activities performed by an employee who has had a work related injury or illness and has been issued work restrictions by the authorized treating physician prior to reaching maximum medical improvement that prohibit the employee from performing some or all of their normal job activities. An effective modified duty program including utilization of a Modified Duty Team will maximize an injured worker’s recovery potential and promote a cooperative relationship between employees and management with regards to the employee’s ongoing employment. Communicating with the injured employee on a regular basis and bringing them back into the workforce as soon as possible following an injury will minimize the employee’s insecurities regarding their employment status and helps them recover more quickly, while generating cost savings for the agency/university. The injured employee needs to understand that a modified duty program is an employee benefit. Suggestions and recommendations for identification of Modified Duty work is included in Section IV of the RTWP Tools.

V. COMMUNICATION WITH MEDICAL PROVIDERS

The role of the authorized treating physician is crucial in providing treatment, rehabilitation, and support of the agency/university’s RTWP. The physician’s lack of information regarding the employee’s job duties and availability of modified duty work is a substantial obstacle in returning injured employees to work. Often, the physician focuses on treating the symptoms and not necessarily returning the employee to work. The more information the physician is given about the types of work duties available in the agency/university, the higher the probability he will release the employee to some form of work. The physician also needs to be informed of the RTW progress of the injured worker, once they have returned to work. This will help the physician recommend appropriate treatment at the appropriate times and adjust work restrictions when warranted. It will also prevent the physician from making an incorrect assumption and generalization that the employer does not assist injured workers to return to work within their capabilities. Section V of the RTWP Tools contains a list of
recommendations and suggestions for working with medical providers to have a successful RTWP. Section V. of RTWP Tools contains several documents designed to inform medical providers of available modified work duties and obtain specific information needed to design modified work.

VI. MAXIMUM MEDICAL IMPROVEMENT
When an injured worker reaches Maximum Medical Improvement (MMI) and has been assigned permanent work restrictions by the authorized treating physician, agencies/universities must determine whether the employee can return to his original position without modification of duties, whether accommodations to job duties are required to meet the assigned work restrictions, or if placement in a different position within the agency/university is available. Agencies/universities may also utilize vocational rehabilitation to assist in the return to work process. Section VI. of RTWP Tools contains additional agency/university considerations when an injured worker reaches MMI and has been assigned permanent work restrictions.

VII. VOCATIONAL REHABILITATION
When an injured worker reaches Maximum Medical Improvement (MMI) and has been assigned permanent work restrictions by the authorized treating physician that prohibits them from performing their original job, every effort should be made to locate alternate employment within the agency/university for the injured employee. However, if there is no other suitable work available within the agency/university, vocational rehabilitation services should be considered. The agency/university may select any approved vendor to provide vocational rehabilitation services. In accordance with N.C.G.S. §97-32.2, employees filing a claim on or after June 24, 2011 may request vocational rehabilitation if they have not returned to work or if they have returned to work earning less than 75% of the average weekly wage and are receiving temporary partial disability (TPD) benefits. Vocational rehabilitation services may include education and retraining in the North Carolina community college or university systems if it is likely to substantially increase the employee’s wage earning capacity. Section VII of Program Tools contains additional information.

VIII. PROGRAM EVALUATION
Each agency/university should evaluate the effectiveness of its RTWP at a minimum on an annual basis. In addition, the RTWP efforts of each agency/university will be reviewed periodically by OSHR. Statistical reports may be utilized to analyze the success of agency/university programs. An important part of the evaluation process is to continually solicit input from all parties involved in the process in addition to annual surveys. Section VIII of RTWP Tools includes recommended measures for evaluating the effectiveness of the agency/university RTWP.
RETURN TO WORK PROGRAM PLAN OF ACTION

PREPARATION

- Agency/university Management establishes a Return To Work Program (RTWP) including written policy and procedures, incentives, accountability measures and evaluation process.
- Agency/university Management forms Return To Work Committee to assist Workers’ Compensation Administrator (WCA) with coordination of RTWP.
- Agency/university Management informs workforce of agency/university RTWP.
- Supervisors inform agency/university WCA of Modified Duty work available.
- WCA provides education/training to supervisors regarding RTWP processes.
- WCA coordinates ongoing communication with workforce to obtain support for RTWP.
- Claim Adjuster or Medical/Nurse Case Manager informs injured employees’ authorized treating physicians of the agency/university RTWP.

NOTIFICATION OF WORK RELATED INJURY

- Employee reports work related injury or illness to supervisor.
- Supervisor follows agency/university procedures for obtaining initial medical treatment for injured employee and reporting work related injury or illness to appropriate designee (WCA or Safety Leader).
- Accident investigation is conducted in accordance with agency/university procedures.
- WCA follows established procedures for reporting and administering a workers’ compensation claim.

ASSIGNMENT OF MODIFIED/TRANSITIONAL/LIGHT DUTY WORK

- Claim Adjuster or Medical/Nurse Case Manager initiates communication with injured employee’s authorized treating physician, in accordance with law, regarding work availability during the healing period within the employee’s physical capacities.
- Authorized treating physician releases injured employee to return to work with restrictions.
- Modified Duty Team meets to evaluate employee’s work restrictions, agency/university needs, and abilities.
- Employee returns to Modified Duty work or original job with accommodations.
- Modified Duty Team schedules evaluations every 2 weeks (or more often if needed) to review employee’s assigned work restrictions and modify work duties accordingly throughout the healing period.
- Modified Duty Team will also provide progress updates to WCA.
- WCA will notify Claim Adjuster.
- Claim adjuster will notify Case Manager and Authorized Treating Physician of injured employee’s progress in RTWP.
- Any difficulties need to be immediately addressed to prevent unnecessary time out of work.
NOTIFICATION OF PERMANENT WORK RESTRICTIONS

- Authorized treating physician issues employee permanent work restrictions.
- Agency/university management determines that employee’s assigned work restrictions prohibit him from performing essential functions of their original job or if they can accommodate permanent restrictions.
- WCA coordinates efforts to place injured employee in a new position within the agency/university with assistance of agency/university Return To Work Committee, Third Party Administrator’s RTW Coordinator, OSHR Workers’ Compensation Consultants, and agency/university human resources and management.
- If new position within injured employee’s assigned work restrictions in the agency/university is unavailable, WCA coordinates vocational rehabilitation services, if necessary.
RETURN TO WORK PROGRAM RESPONSIBILITIES

MANAGEMENT RESPONSIBILITIES
- Provide agency/university wide support for the RTWP.
- Establish an agency/university Return To Work Committee.
- Provide initial and ongoing communication to promote the RTWP.
- Seek and implement incentives for participation in the RTWP.
- Provide training as needed to ensure an effective RTWP.
- Establish accountability measures regarding participation in the RTWP.
- Evaluate the effectiveness of the agency/university RTWP.
- Provide assistance as needed in employee placement decisions.

WORKERS’ COMPENSATION ADMINISTRATOR (WCA) RESPONSIBILITIES
- Coordinate agency/university RTWP pursuant to State Workers’ Compensation Program guidelines.
- Coordinate Return To Work Committee efforts.
- Coordinate Modified Duty Team efforts for each injured employee.
- Coordinate initial and ongoing communication to supervisors and employees regarding the agency/university RTWP.
- Conduct ongoing training with agency/university management, supervisors, and employees to ensure an effective RTWP.
- Communicate with agency/university Safety Leader to ensure modified duty work includes safety measures to avoid re-injury.
- Communicate with Claims Adjusters regarding the agency/university RTWP.
- Provide regular reports to agency/university management regarding RTWP participation and cost savings.

SUPERVISOR RESPONSIBILITIES
- Identify and inform WCA of modified duty work available for injured employees.
- Identify and inform WCA of potential job modifications for injured employees.
- Inform WCA immediately upon notification of employee’s ability to return to work with (or without) restrictions and date of release.
- Cooperate with agency/university RTWP efforts.
- Participate in RTWP agency/university communication and training efforts.
- Maintain contact with injured employee during the recovery period.
- Participate on Modified Duty Team for injured employees under their direct supervision.

EMPLOYEE RESPONSIBILITIES
- Promptly report work related injury or illness to supervisor and/or WCA.
- Maintain contact with supervisor and WCA regarding ongoing medical treatment and work status.
- Provide documentation from the authorized treating physician regarding work status including assigned restrictions or release to return to full duty work after each medical visit.
- Return to transitional/modified/light duty work or modified original job that is within authorized treating physician’s assigned work restrictions.
Return to Work Program Tools

Section I. Management Support
RETURN TO WORK PROGRAM (RTWP) FACT SHEET

What is a RTWP?
A RTWP is a system designed to promote rehabilitation and enhance the recovery process of injured employees by assisting them with safely returning to work as soon as medically possible. The RTWP involves a partnership between the injured employee and key personnel of the agency/university to place the injured employee in modified duty work on a temporary basis and re-employment assistance in cases wherein the injured employee has been assigned permanent work restrictions that cannot be accommodated in their original position.

Why do we need a RTWP?
The longer the time period that an injured employee remains out of work, the greater the probability that the employee will ever return to work in his pre-injury job or other employment. The direct and indirect costs of disability to injured employees and employers greatly increases the longer an injured employee remains out of work. The average age of North Carolina state government employees increases the need even more for a comprehensive RTWP in each agency/university.

Who benefits from a RTWP?

<table>
<thead>
<tr>
<th>EMPLOYEE BENEFITS</th>
<th>MEDICAL</th>
<th>ECONOMIC</th>
<th>MORALE</th>
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<tr>
<td></td>
<td>Job site rehabilitation speeds recovery</td>
<td>Wage continuation vs. 2/3 salary on workers’ compensation</td>
<td>Less disruption to normal Routine</td>
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<td></td>
<td>Controlled environment prevents potential re-injury</td>
<td>Preserves leave time which may have been used to supplement WC</td>
<td>Maintain social contacts at workplace</td>
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<td></td>
<td>Support during recuperation period</td>
<td>Service credits are not lost</td>
<td>Positive influence on peers during recuperation</td>
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<td>Cultivates endurance vs. inactivity</td>
<td>Eligible for Legislative Increases if still working</td>
<td>Realizes value to the Organization</td>
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<td></td>
<td>Focuses on abilities instead of disability</td>
<td>Vocational rehabilitation during recovery expedites income replacement</td>
<td>Productive use of abilities promotes self-esteem</td>
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<tr>
<td>SUPERVISOR/MANAGEMENT BENEFITS</td>
<td>Prevents secondary disability</td>
<td>Save money spent on hiring temporaries</td>
<td>Promotes positive employee morale in the workplace</td>
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<td>Utilize recovery period to maintain productivity</td>
<td>Preserves a skilled and stable worker for the agency/university</td>
<td>Illustrates value of employee to the workplace</td>
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<td>Promotes employee return to the workforce</td>
<td>Promotes cross-training</td>
<td>Minimizes potential for adversarial relationship</td>
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<td>Lower medical costs</td>
<td>Decrease costs for lost workdays</td>
<td>Maximizing productivity will promote positive feedback</td>
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<td></td>
<td>Minimized case management</td>
<td>Promotes communication vs. litigation</td>
<td>Maximizes communication with injured employee</td>
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<td></td>
<td>Minimizes short/long term disability cases</td>
<td>Promotes compliance with ADA</td>
<td>View as addition to employee benefit pkg.</td>
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RETURN TO WORK PROGRAM (RTWP)
SUGGESTED INCENTIVES/ACCOUNTABILITY MEASURES

An agency/university’s top motivation for a RTWP is the employee’s successful recovery from a work related injury or illness. Employees who view the RTWP as a benefit and can observe positive activity and outcomes for other employees will support the RTWP.

Agencies/universities should reward managers and supervisors for good “Return To Work” histories and ongoing support of the RTWP. Supervisors should be made aware of their important role in reducing workers’ compensation costs to their agency/university and State by actively participating in the RTWP. RTWP participation should be included in performance appraisals of supervisors, division heads, and managers. Holding supervisors accountable for returning their injured employees to work or cooperation with the RTWP agency/university wide also provides an incentive. Agency/university senior management recognition of supervisors and employees that consistently aid and facilitate ongoing activities of the RTWP will foster ongoing support as well.

Following are some suggested specific incentives and accountability measures:

**Employees**

- Promote the RTWP during new employee benefits orientation as a wellness incentive included in the employee benefits package.
- Educate employees regarding the work and social benefits of working during the healing period from a work related injury versus the disadvantages involved in the isolation of recovery at home.
- Remind injured employees that they will earn full salary while working for their agency/university during the healing period instead of only 2/3 of their average weekly wage if they are unable to do so.
- Remind injured employees that their Retirement contributions will be reinstated.
- Promote cross-training provided by RTWP as a career enhancement.
- Require permanent employee representation on agency/university Return To Work Committee; seeking employee input will cultivate ownership.
- Send injured employees that fully participate in the RTWP a personal written acknowledgment/thank you letter from the agency/university head.
- Applaud employee and supervisor use of the RTWP in agency/university’s newsletter.

**Supervisors**

- Emphasize work productivity and financial benefits to be gained from the RTWP in supervisor training.
- Introduce monetary incentives: e.g., if the department in which the employee was injured cannot provide modified duty work or modify the injured employee’s original job to fit his assigned work restrictions, the budgetary responsibility for the employee remains with that department regardless of where in the agency/university the employee is working.
• Provide mechanism for WCA to evaluate and report supervisor cooperation with the RTWP.
• Include RTWP participation in performance appraisals of supervisors, division heads, and managers.
• Require supervisors to report RTWP results of each department’s efforts to agency/university management on a regular basis.
• Institute small “reward” programs, e.g., pins, recognition breakfast, letter of commendation, certificate of accomplishment, etc.
• Include RTWP in annual Employee Appreciation celebration.
# RETURN TO WORK PROGRAM (RTWP)
## IDENTIFIED OBSTACLES AND RESOLUTIONS

<table>
<thead>
<tr>
<th>Obstacle</th>
<th>Resolution</th>
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<tr>
<td>Reluctance to accept employee who has WC Claim</td>
<td>Department that accepts employee is getting worker without paying for lost wages</td>
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<td>Resentment of co-workers due to “burden” placed on them</td>
<td>Educate; department must maintain position (vacant) while injured employee is out. Focus on capabilities not disabilities. (Budgetary incentives)</td>
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<td>The employee who doesn’t want to return to work</td>
<td>Having RTWP in place puts agency/university in control of return to work process</td>
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<tr>
<td>Authorized treating physicians lacks knowledge of agency/university RTWP</td>
<td>Use Medical/Nurse Case Manager and adjuster to provide information on work options</td>
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<td>Limitations in skills/education of worker</td>
<td>Retraining which begins in recovery process; cross training; mentors; vocational rehabilitation</td>
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<td>Limitations on small agencies/universities and rural field offices</td>
<td>Agencies/universities may develop mutual assistance agreements for temporary placement of modified duty employees</td>
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Return to Work Program Tools

Section II. Agency/University
Return to Work Committee
The agency/university shall establish an interdisciplinary committee to develop and implement the agency/university RTWP. This committee is responsible for the development of the agency/university program and should incorporate representatives from various areas in the agency/university with an interest in the RTWP effort. The committee may be called upon to assist in various other areas of the RTWP listed on the next page.

**Suggested representatives to serve on an Agency/University Return To Work Committee:**

1. WCA
2. Safety Leader
3. Human Resources Office Representative
4. Manager/Supervisor Representative(s)
5. Employee Relations/Equal Employment Opportunity (EEO) Representative (often same person)
6. Americans with Disabilities Act (ADA) Representative
7. Employee that is not a supervisor/manager

An existing committee may assume responsibility of the Return To Work Committee, i.e. a Human Resources Advisory Committee or Safety and Health Committee. Each state agency/university is required to have a Safety and Health Committee, which is “To ensure that each State agency/university implements a safety and health committee structure that provides management and non-managerial involvement in the ongoing responsibility of providing a safe work environment.” This committee may be utilized in the return to work efforts as part of their regular job duties.
RETURN TO WORK PROGRAM (RTWP)  
RECOMMENDED PURPOSE AND TASKS FOR AGENCY/UNIVERSITY  
RETURN TO WORK COMMITTEE

Purpose

Agency/university Return to Work Committees develop, implement, and maintain the agency/university RTWP utilizing the guidelines provided in this document. The agency/university RTWP shall be tailored to the organizational needs of the agency/university and shall be feasible for the agency/university to accomplish the RTWP goals. The WCA should coordinate the agency/university Return To Work Committee. The Return to Work committee shall be called upon to assist in ongoing RTWP activities following implementation.

Suggested tasks for the agency/university Return To Work Committee are:

- Establish agency/university Return To Work Policy, Purpose, Goals and Plan.
- Identify obstacles and means for resolution.
- Provide suggestions/options which the agency/university may consider as incentives for managers and supervisors to participate in the RTWP.
- Develop tools to aid supervisors in identification of modified duty (See Sample in Section IV of RTWP Tools).
- Provide suggestions/options for modifying existing jobs.
- Provide suggestions/options for ongoing education/communication of the RTWP.
- Develop a strategy to obtain and continue ongoing support from top management, supervisors and employees for the RTWP.
- Develop a tool to evaluate the success of the agency/university RTWP on an ongoing basis.
- Assist individual Modified Duty Teams with return to work efforts in difficult cases.
Return to Work Program Tools

Section III. Education Of The Workforce
The manner in which the RTWP is presented to employees and supervisors will greatly affect its overall acceptance in each agency/university. A RTWP includes many positive aspects which, if communicated properly, will promote the needed workforce support for an effective, ongoing program.

**INITIAL COMMUNICATION**

Written communication from the agency/university head must be sent to all agency/university employees briefly describing the RTWP and management’s commitment to its full and ongoing implementation. A sample of such communication is included in this section of the RTWP Program Tools.

**ONGOING COMMUNICATION**

Ongoing methods of agency/university employee education about RTWP implementation are:

**Employees**

- Require employee signature acknowledging notice and understanding of agency/university workers’ compensation policy and RTWP information during new employee orientation.
- Design posters, brochures, flyers, and quick reference cards describing the agency/university’s RTWP.
- Provide information about the RTWP to injured employee at time of injury along with WC Handbook.
- Maintain employee representative on agency/university Return To Work Committee.
- Have injured workers join the RTW committee once they have returned to work to provide encouragement and as an example to other injured workers.
- Place articles in employee newsletter, agency/university website, and other internal publications.
- Periodically seek and respond to employee input on the RTWP.

**Supervisors**

- Mandatory training for all supervisors promoting the RTWP and how to identify Modified Duty work (possibly via LMS webinar so that it may be provided to new supervisors upon hire).
- Attend regular agency/university wide supervisor staff meetings to discuss workers’ compensation claims cost, share individual supervisor RTWP reports prepared for agency/university management, and obtain feedback and generate potential cost containment ideas amongst departments.
- Include Return To Work Policy in agency/university Administrative Procedures Manual.
• Develop Supervisor quick reference checklist to simplify RTW process including all RTWP responsibilities from date of injury.
• Engage in ongoing periodic review of Transitional/Modified/Light Duty work available within the entire agency/university.
• Supervisor representation on agency/university Return To Work Committee.
• Periodically seek and respond to supervisor input on the RTWP.
The (name of agency/university) is committed to the safety and welfare of all employees. However, in spite of our efforts to create a safe working environment, injuries or illnesses caused by the workplace will still occur. We feel a responsibility to return employees with work related injuries and illnesses to their normal jobs and lifestyles as quickly as medically possible. To meet this responsibility to our employees, we are instituting a formal Return To Work Program as an important part of our Workers’ Compensation Program. We will make every effort to create a bridge to assist in the employee’s efforts toward full recovery and return to full duty. The (name of agency/university) administration is fully endorsing the Return To Work Program, and soliciting the support and cooperation of all employees to provide this necessary support to our injured workers.
Supervisors

What is the Return To Work Program (RTWP)?

The RTWP is a proactive, comprehensive program for employees with work related injuries or illnesses. The RTWP provides meaningful, productive, modified duty work as a bridge back to full duty work. Meaningful work allows the injured employee to progressively assume more demanding tasks until able to return to full duty work while providing the employer with productivity in ways that are useful to the employer’s operations. The employer and injured employee are both active participants in the RTWP.

What benefits do employees get from a RTWP?

Providing employees with suitable modified work facilitates recovery of the injured employee, assists in maintaining job skills, and reduces the impact of the injury or illness on the employee’s family. While performing a modified duty assignment, the injured employee receives his or her full salary. Modified duty also allows the injured employee to progressively assume more demanding tasks until he or she is able to return to full duty work.

Who is eligible for participation in the RTWP?

Employees with work related injuries and illnesses who are in the healing period and have been released to return to work with restrictions by their authorized treating physician may participate in the RTWP. Injured employees who have reached maximum medical improvement and cannot resume the full duties of their original position are not eligible to either assume or continue a modified duty assignment.

What types of work activities can be included in modified duty assignments?

Modified duty work must be within the work restrictions assigned by the injured employee’s authorized treating physician and may include normal work activities that have been modified to accommodate work restrictions, job functions that are periodically performed, duties of equivalent or lower job classifications, or any other duties assigned by the employer. When identifying whether suitable modified duty is available, the employer will consider the injured employee’s work restrictions assigned by the authorized treating physician, staffing needs, fiscal constraints, and geographic accessibility of available work.

How long can an injured employee be on modified duty?

Modified duty assignments are temporary. Typically, the initial modified duty assignment may be for up to forty-five (45) consecutive calendar days. However, modified duty progress should be evaluated every two weeks while the injured worker is assigned work restrictions.
Contact with the authorized treating physician is necessary to communicate the injured worker’s progress and determine if any adjustments need to be made in the injured worker’s restrictions. The modified duty assignment may be extended if the injured employee’s authorized treating physician continues to assign work restrictions. Injured employees may not be on a modified duty assignment longer than ninety (90) consecutive calendar days without permission from agency/university management.

Medical providers should not be notified that the modified duty assignment is for 90 days as this will encourage them to assign modified duty for 90 days for every injured worker whether they need it or not.

**Does the time period allowed for modified duty start over for each absence?**

Yes. If the injured employee performs modified duty and must stop that assignment because the authorized treating physician later restricts them from all work, the injured employee may subsequently be given another modified duty assignment when medically able as certified by their authorized treating physician. The subsequent modified duty assignment may be for up to ninety (90) consecutive calendar days with continued bi-weekly progress evaluations.

**What happens if the injured employee sustains further injury while on a modified duty assignment?**

If an injured employee sustains another work related injury or illness or aggravates the already existing injury while performing a modified duty assignment that results in an authorized treating physician restricting the employee from all work, the modified duty assignment period ends. The injured employee will be placed back on Salary Continuation injury leave or Temporary Total Disability (TTD) payments, whichever applies.

**What happens if an employee who returned to full duty after completing a modified duty assignment sustains another injury or aggravates a pre-existing injury (ies)?**

If an injured employee has returned to full duty work and subsequently sustains another injury or aggravates a pre-existing injury (ies), the injured employee is eligible to begin a new modified duty assignment period upon release to return to work with restrictions by the authorized treating physician.

**Can the employer assign the injured/ill employee to modified duty at a geographic location other than the location of the employee’s normal job?**

Yes, but the modified duty assignment must be geographically accessible. In other words, the employer must consider the injured employee’s limitations on ability to travel, the travel distance to the assignment, transportation hardships, internal agency/university policies, etc.
If an employee who normally takes public transportation to work is temporarily unable to drive and is not medically able to take public transportation, can the employer make an offer of modified duty?

The employer must consider the employee’s medical restrictions when determining whether suitable modified work is available. The employer must be creative and flexible to accommodate the injured employee’s medical restrictions. In many cases providing temporary transportation for the injured employee is feasible and cost efficient; however, if the injured employee’s assigned medical restrictions cannot be accommodated, suitable modified work is not available.

Will the employee’s pay be affected by modified duty?

The injured employee’s base salary will not be changed during modified duty assignments. If the injured employee is only able to work part-time hours while on modified duty, the injured employee will be paid the full normal pay rate for hours worked and paid Temporary Partial Disability (TPD) compensation for hours not worked.

If the authorized treating physician assigns the injured worker work restrictions including part time hours only, the injured employee qualifies for workers’ compensation leave and temporary partial disability (TPD) compensation for the hours he/she is unable to work per the assigned restrictions. The injured employee will be paid at his usual rate for all hours worked.

Can the injured employee’s regular schedule including specific days off, holiday leave, and work hours change during modified duty assignments?

Yes, provided that the injured employee’s medical restrictions are accommodated.

Will the injured employee’s medical benefits be affected by modified duty?

The injured employee’s medical benefits will continue during modified duty assignments.

Can an injured employee be required to perform duties of a higher job classification while participating in a modified duty assignment?

Yes. The injured employee may be assigned duties of any job classification so long as they are within the employee’s assigned work restrictions. The employee’s pay rate will remain the same no matter what modified duties being performed.

If an injured employee is assigned duties of a lower classification while participating in a modified duty assignment, will the injured employee’s pay be reduced?

No. The employee’s pay rate will remain the same no matter what modified duties being performed.
What happens if an injured employee declines an offer of suitable modified work?

The employer will apply to the Industrial Commission for approval to suspend the employee’s disability compensation (Temporary Total Disability or Salary Continuation) benefits so long as the injured employee refuses to perform suitable modified duty work during the healing period.

The employer will disallow all other paid leave that requires supervisory approval for the period that the employee is able to work.

Can the employee work part-time on modified duty?

Yes, the employee may work part-time or full-time based upon the injured employee’s work restrictions assigned by the authorized treating provider.

If an employee works part-time on modified duty, how will his/her pay be affected?

The employee’s pay rate will remain the same for hours worked and salary continuation or temporary partial disability (TPD) compensation, whichever is applicable, will be paid for hours not worked.

Can the employer require the injured/ill employee to be medically assessed before returning to work full duty?

Unless the injured employee is on FMLA leave, the employer may require a medical assessment prior to allowing him to return to work full duty. The Third Party Administrator (TPA) may refer the employee for assessment, unless the agency/university has a Fit for Duty (FFD) testing program in place, in which case the agency/university should refer the injured employee for FFD testing prior to returning to work in any capacity.

What should the injured employee do if he/she has medical problems while performing assigned modified tasks? What should the employer do?

The injured employee should immediately notify the supervisor and workers’ compensation administrator of his current medical problems. The employer should contact the Adjuster to refer the employee for further medical assessment and to determine if the employee’s current medical condition can be accommodated. If the injured employee is unable to continue the modified duty assignment, the employee may be placed on Temporary Total Disability or salary continuation, whichever is applicable, if the authorized treating physician removes the employee from work.
Employees

What are the benefits of returning to work?
A quick return to an active life may help you improve and recover faster. Returning to work also may increase your income and benefits over time. Your workers’ compensation benefits will never reach the amount of your full pay. You may not get pay raises or promotions while you are out of work.

What will happen to my workers’ compensation payments if I return to work?
Workers’ compensation benefits cease when you return to work. You will begin receiving your regular pay.

Can I still get medical treatment for my work-related injury after I return to work?
Yes. Your assigned claim adjuster will still coordinate your medical treatment for your work-related injury or illness.

Should I let anyone know when I am released to return to work?
Yes. You or your attorney or representative should contact your assigned claim adjuster, workers’ compensation administrator (WCA), and your supervisor when you are released to return to work. These same persons should also be made aware whenever your work status changes following your return to work. You should be providing a work status note from your physician to your Supervisor after each visit with your authorized treating physician(s).

May I return to work if my treating physician says I can do a temporary “light duty” assignment or “modified duty assignment” in transition to my regular job?
Yes. This type of return to work must be approved by your agency/university, your supervisor and the WCA. Your supervisor will identify and outline your specific “modified duty assignment” in compliance with work restrictions assigned by your authorized treating physician.

How long may I work a “modified duty assignment”?
Modified duty assignments are temporary. Typically, the initial modified duty assignment may be for up to forty-five (45) consecutive calendar days. The modified duty assignment may be extended if your authorized treating physician continues to assign work restrictions. Injured employees may not be on a modified duty assignment longer than ninety (90) consecutive calendar days without permission from agency/university management.
I have returned to work, but am still receiving medical treatment for my injury. Do I get paid for the time I miss from work to attend injury related medical appointments?

Yes, you receive regular pay and will not be charged leave for actual time spent attending medical appointments. However, leave must be used to cover any additional time taken off.

I have returned to work, but sometimes lose time due to my work-related injury for reasons other than medical appointments. Can I get paid for the days I miss?

Yes, you may receive workers' compensation Temporary Total Disability (TTD) or Temporary Partial Disability (TPD) compensation for lost time from work that is related to your injury as covered by a statement from your authorized treating physician. You must provide a statement from your authorized treating physician anytime you are absent from work due to your injury. You should also contact the assigned claims adjuster and your agency/university's Workers' Compensation Administrator with such information anytime you leave or return to work due to your injury. Please keep detailed records of your lost time.

If you are eligible for Salary Continuation and you are sometimes absent from work due to your work-related injury, this is called "Intermittent Lost Time."

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

The Workers' Compensation Act does not state that your employer is required to keep your job open for you. Keep in contact with your employer about your job status.

Now that I am able to work, can I collect Unemployment Benefits?

Please contact the Division of Employment Security in the Department of Commerce for detailed information. You must be separated from NC State Government in order to be eligible for this benefit.

Can my employer terminate me for filing a workers' compensation claim?

No. If you think you were fired or harassed because you filed a workers' compensation claim, contact the N.C. Department of Labor and ask about filing a Retaliatory Employment Discrimination Act or “REDA” claim. You must file the complaint no later than two years after the date the action took place.

Can a new employer refuse to give me a job because I have a compensation case?

Potential employers are not allowed to ask you if you have had a workers' compensation claim. They cannot deny you a job for filing a past claim, either. Your former employer cannot share your workers' compensation claims history with another employer.
Can an employer deny me a job because I have a disability?

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

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

If you return to work but are unable to continue working due to your prior workplace injury, contact your claim adjuster to obtain additional medical treatment. Your assigned claim adjuster may authorize treatment with your previous authorized treating physician or another provider.

What should I do if I have a “partial disability” as a result of my work related injury/illness?

A worker with a partial disability has lost some ability to earn wages or suffered a permanent physical impairment due to their work related injury/illness. Persons that have lost some ability to earn wages may be eligible for temporary partial disability (“TPD”) compensation if unable to return to work at the same or greater average weekly wage after reaching maximum medical improvement for a work related injury/illness. Persons that have sustained a permanent physical impairment due to their work related injury/illness may be eligible for permanent partial disability (“PPD”) compensation which is based on the authorized treating physician’s assigned percentage of disability of the affected body part.

If I am unable to perform my regular job duties because of my injury, will I receive help in finding work or training for persons with disabilities?

Yes. Your assigned claims adjuster and the WCA will assist you with this process. You may be required to participate in vocational rehabilitation with an approved vendor.

Will my weekly benefits be reduced or end if I participate in a vocational rehabilitation program?

No. Participating in a vocational rehabilitation program will not interrupt your weekly compensation.

Yes, if suitable employment is not available with your employer. If appropriate, vocational rehabilitation with an approved vendor will be arranged by your agency/university and the third party administrator of the workers’ compensation program. A Vocational Rehabilitation Specialist will be assigned to evaluate your case and make recommendations concerning appropriate vocational rehabilitation options.
What is workers' compensation fraud?

An injured worker commits fraud when he or she lies or does not tell the whole truth about the facts in his or her case in order to receive workers' compensation benefits. This includes exaggerating the impact of your illness/injury and disability, or failing to report working while you receive benefits, including work "off-the-books." Fraud is a crime: your benefits will stop and you may be criminally prosecuted.
EMPLOYEE’S RESPONSIBILITIES IN THE EVENT OF A JOB-RELATED INJURY OR ILLNESS

If a life threatening injury occurs, call 911 for immediate transport to the nearest emergency medical facility.

• Immediately report all injuries to your supervisor.

• If medical treatment is needed, obtain a Medical Authorization form from your supervisor or agency/university Workers’ Compensation Administrator (WCA) and proceed to the designated authorized initial medical treatment provider:________________________

• Complete written Injury Description form describing your accident and give to your supervisor as soon as possible following your injury.

• Return to work after initial medical treatment unless physician issues work restrictions removing you from work entirely.

• Provide a copy of all medical notes and work restrictions given to you by the authorized treating physician to your supervisor immediately after all visits for forwarding to the WCA throughout the course of your medical treatment.

• Follow all medical restrictions, as your recovery is a major concern to the agency/university/university.

• Adhere to all modified duty assignments given to you as part of the agency/university’s RTWP.

• Follow safe work practices!

• If you have questions about your claim call the agency/university’s Workers’ Compensation Administrator, ____________________ at ______________, or your assigned claims adjuster ____________________ at ____________________.
SUPERVISOR’S RESPONSIBILITIES IN THE EVENT OF A JOB-RELATED INJURY OR ILLNESS OF AN EMPLOYEE

If a life threatening injury occurs, call 911 for immediate transport to the nearest emergency medical facility.

- Obtain employee’s signature on form giving employee notice of the agency/university’s initial authorized medical treatment provider and that also states payment will not be authorized for treatment received from any other provider.

- Give injured employee Medical Authorization form and accompany to agency/university’s designated authorized initial treatment provider if necessary.

- Report injury immediately to agency/university’s Workers’ Compensation Administrator (WCA) and Safety Leader.

- Perform accident investigation (obtain technical assistance if needed) to determine the root cause of the accident.

- Complete all required incident investigation and claims reporting forms (NCIC Form 19 or agency/university specific claim reporting form, Investigation Report, Witness Statements, etc.) and forward to the WCA...... *within 24 hours of the injury.*

- Correct unsafe conditions immediately.

- Communicate with injured employees to ensure their medical needs are being met.

- Contact injured employee weekly if out of work.

- Assign modified duty work as soon as the authorized treating physician releases to return to work with restrictions.

- Encourage safe work practices!
Return to Work Program Tools

Section IV. Writing/Updating Job Descriptions
Functional Job Descriptions

Why Job Descriptions Need to Be Functional: A job description that addresses the physical demands required for a job, will not only aid in facilitating the hire of persons who can physically do the job, but will also facilitate a quicker, safer return to work for injured workers. When medical providers have accurate information about the job’s physical requirements, they can more easily determine the appropriate date for return to work of the injured worker.

Steps for Making Sure Job Descriptions are Functional and Accurate:

1. Determine the essential functions of the job. A task can be considered essential if:
   a. The task is the purpose of the position (for example, lifting and carrying a fire hose is an essential function for a firefighter. A firefighter is required to put out fires with a hose, therefore, it is the reason this job exists)
   b. The task can be done by a limited number of employees & therefore cannot be reassigned
   c. The task is specialized and requires someone with expertise to do it
   d. If the task were removed, the job would change
   e. The frequency or time it takes to do the task is important. (Something that is only done once or twice per year may seem non-essential, but what if the task is necessary, such as changing batteries in a smoke/fire detector?)

2. Review the current physical demand section of the job description. Identify any vague task descriptions, such as “Must be able to lift 50 lbs or more” and correct them. For example, “Employee must have ability to lift 55 lb battery from floor level to 26” high tailgate.”

3. Identify any language that might preclude someone with a disability, for example, “Must be able to walk long distances” could be changed to “The ability to move/traverse 100 feet 3 times daily to check meters in specified area.”

ADA Checklist of Physical Tasks (See Sample Job Analysis/Physical Demands):

1. Lifting/Carrying: Identify all objects that are required to be lifted and/or carried, and obtain the accurate weights of each object. Do NOT estimate the weight of the object! Document how these objects are lifted (overhead; at waist level; below knee level) and how often they are lifted in a normal shift.

2. Push/Pull: Identify all objects that need to be pushed or pulled and determine, if possible, the amount of force that is required to push or pull those objects. Determine whether the pushing or pulling can be completed one-handed or utilizing body weight to accomplish the task.

3. Sitting/Standing/Walking: Determine how much sitting, standing, or walking is done and ways to modify each one. For example, analyze whether a sedentary job can be modified to allow the employee to stand occasionally. If standing is required, supply mats or cushioned insoles for the employee’s shoes.
4. **Kneeling/Stooping/Crouching/Crawling:** Identify tasks that you observe employees bending, stooping, kneeling or crouching. Determine ways to modify or eliminate these tasks. For example, if employee is kneeling on a concrete floor, a mat or knee pads could be provided to cushion the contact. **NOTE:** No job should require squatting or bending. For example, someone who has a knee problem, can bend at the waist and someone who has a back problem, can bend at the knees. It is better to describe the task as having the ability to get to a certain level. For example, “Ability to reach and clean baseboards at 5” above floor level.”

5. **Climbing:** Identify any climbing tasks and document how the climbing is accomplished (ladder, stairs, scaffolding, poles, etc.) and be specific about how often climbing is done and how far. For example, “Employee ascends 30 foot vertical ladder to change light bulb”. Document any possible modifications for this, including eliminating the task or providing the use of a scissor lift.

6. **Balancing:** This is a task that requires maintaining body equilibrium to prevent falling while walking or standing on slippery, narrow or moving surfaces. For example, navigating a narrow walkway with no handrails.

7. **Reaching:** Extending hands or arms in any direction. Be specific about whether assistive devices could be used to reduce the reach.

8. **Fingering:** Pinching, picking or typing, which requires using the fingers only – not the hands or arms.

9. **Feeling:** Identifying objects for texture or temperature by touching – primarily with the fingers.

10. **Grasping:** Requires putting pressure on an object with the fingers and the palm. For example, using a pistol grip drill. Be specific about how the object is gripped and how large the object is. Grasping does not always include squeezing, but if it does, that should be noted.

11. **Talking:** If communication is required, note how it may be modified, if at all.

12. **Hearing:** Making fine discriminations in sound. Consider whether it is required to be able to hear such things as alarms, but can be modified with other means (lights, vibration, etc.). Determine the necessity of distinguishing certain noises as an essential function of the job.

13. **Vision:** Consider whether it is required for an employee to be able to distinguish colors, or operate machinery, or perform work which includes data analyzation, or operate vehicles or inspection.

14. **Environmental Conditions/Exposure:** Consider whether employees are required to work in extreme temperatures, either inside or outside. Typically, this would include working below 32 degrees for more than one hour or above 100 degrees for more than one hour. Identify any protections or modifications to reduce the exposure to heat or cold. Exposure to chemicals, fumes, dust, odors, mists, etc. should also be analyzed and protective equipment utilized if necessary. If a respirator is required protective equipment, it should be noted.

15. **Noise:** When employees are having to shout to communicate because of constant noise exposure, considerations for hearing protection should be made.
16. **Vibration**: Determine whether the job requires the use of tools or machinery that causes vibration to the body or body part(s).

17. **Exposure to hazards**: Exposed to moving mechanical parts, moving vehicles, electrical current, working on scaffolding and high places.

18. **Working in Tight Spaces**: Consider whether the worker frequently is in close quarters, crawl spaces, shafts, manholes, small enclosed rooms, small sewage and water line pipes, and other areas which could trigger claustrophobia.

19. **Repetitive Motions**: A motion is repetitive if it is repeated hundreds to thousands of times per day (such as typing or assembly line work). Consider frequent breaks, rotation of tasks and stretches/exercises performed at the beginning and ending of shifts.

20. **Working with unpredictable behavior of others**: Inmates, mentally deficient patients, criminal suspects, etc. Consider assigning levels of care or custody of these persons.

Discern whether job descriptions address clearly and accurately the physical demands of the job. The job description should be written in such a way that the reader will be able to visualize the job. Consider utilizing the services of a vocational or ergonomic specialist to analyze job(s). Contact the Third Party Administrator adjuster or OSHR for more information or guidance in developing functional job descriptions.
Sample Wording for Job Tasks:

Task: “Employee must take out the trash”

Ability to pull 52 lb trash bag up 32” to clear trash can and carry 50 feet. Ability to lift 40 lb trash bin lid to height of 65” (one or two-handed) and place 52 lb trash bag at 45” into trash bin.

Task: “Employee must transfer patient from chair to bed, with the assistance of another person”

Ability to lift 70 lbs from 18” chair, pivot and then place 70 lb object onto bed at 26” high. (NOTE: 70 lbs is half of the average weight of a patient – lifting a patient should always be at least a 2-person lift)

Task: “Employee must be able to climb a ladder to install conduit”

Ability to climb 30 foot vertical ladder 10 times daily and perform work overhead for 30-40 minutes at one time to install conduit.

Task: “Employee must be able to reach above head for supplies”

Ability to access various supplies from 83” high shelf, weighing less than 10 lbs and carry them up to 100 feet.

Task: “Employee must lift and carry various types of equipment”

Ability to (a) lift a 25-lb. tool bag with handle, carry it in one hand for 50 feet, and place it on a 30” shelf (b) lift a 30-lb. box from a 30” shelf, carry it 50 feet, step up and down 10 steps, while carrying 30 lb box.

Task: “Employee must be able to work in small spaces”

Ability to crawl on hands/knees for a distance of 50 feet in a space that is 16’x 16’.

What NOT to include in a Job Description:

Must be able to lift at least 50 lbs
   (At least? – how much more?)

Must be able to lift 50 lbs or more
   (What is the “or more”? – 52 lbs or 102 lbs?)
**Must be able to lift 50 lbs.**
(What is being lifted? Does it weigh exactly 50 lbs? How is it being lifted? Where is it being lifted?)

**Must be able to walk/stand/sit for prolonged periods of time.**
(How long is Employee required to sit/stand/walk at one time? Can the Employee change positions while sitting/standing/walking? NOTE: Most jobs allow for a 10 minute break every 2 hours or so.)

**Must be able to climb**
### Sample Physical Demands Job Description

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Physical Activity</th>
<th>Frequency of Activity</th>
<th>Description of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Occasional (0%-33%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Frequent (34%-66%)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Constant (67%-100%)</td>
<td></td>
</tr>
<tr>
<td>Sitting</td>
<td></td>
<td></td>
<td>Include how long someone is in a stationary position at one time before a break. Consider whether a sit/stand schedule can be implemented as a modification</td>
</tr>
<tr>
<td>Standing</td>
<td></td>
<td></td>
<td>Same considerations as sitting</td>
</tr>
<tr>
<td>Walking</td>
<td></td>
<td></td>
<td>Same considerations as sitting/standing</td>
</tr>
<tr>
<td>Climbing</td>
<td></td>
<td></td>
<td>Include how climbing is accomplished – ladder, stairs, pole, etc. and how far someone is to climb</td>
</tr>
<tr>
<td>Balancing</td>
<td></td>
<td></td>
<td>If balancing on a narrow surface, include the width and length of the surface. Indicate whether the surface is slippery and whether the surface can be modified or made more safe</td>
</tr>
<tr>
<td>Bending</td>
<td></td>
<td></td>
<td>Generally refers to bending at the waist. Include how long employee is in this posture and whether the task can be modified or eliminated</td>
</tr>
<tr>
<td>Job Title</td>
<td></td>
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<td></td>
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<td>-----------</td>
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<tr>
<td><strong>Physical Activity</strong></td>
<td><strong>Frequency of Activity</strong></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Occasional (0%-33%)</td>
<td>Frequent (34%-66%)</td>
<td>Constant (67%-100%)</td>
</tr>
<tr>
<td>Squatting</td>
<td></td>
<td></td>
<td>Instead of stating that squatting is required, indicate the level the employee is required to reach (e.g., dust baseboards at 5” above floor level)</td>
</tr>
<tr>
<td>Crawling</td>
<td></td>
<td></td>
<td>Generally refers to being on hands and knees in a specified space, e.g., under house (indicate height and width of space)</td>
</tr>
<tr>
<td>Kneeling</td>
<td></td>
<td></td>
<td>Generally refers to kneeling on one knee or both knees, but can also be accomplished by squatting and possibly bending at the waist. Be sure to note how long employee needs to be in this posture and how often.</td>
</tr>
<tr>
<td>Twisting of trunk</td>
<td></td>
<td></td>
<td>This should not be required on any job, but should include training on how to pivot on feet instead of twisting the trunk.</td>
</tr>
<tr>
<td>Lifting</td>
<td></td>
<td></td>
<td>Be sure to weigh ALL objects lifted and how they are lifted (e.g., from floor level to 30” shelf) Document only the heaviest weight to be lifted here. Consider whether modifications can be made or lift equipment can be utilized.</td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Frequency of Activity</td>
<td>Description of Activity</td>
<td></td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occasional (0%-33%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequent (34%-66%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Constant (67%-100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifting One-handed</td>
<td></td>
<td>For example, a tool bag or tool box</td>
<td></td>
</tr>
<tr>
<td>Pushing</td>
<td></td>
<td>If possible, measure the actual force exertion with a force gauge, but if this is not available, document the object being pushed and indicate whether it can be pushed with one hand, two hands or using one’s body weight.</td>
<td></td>
</tr>
<tr>
<td>Pulling</td>
<td></td>
<td>Same considerations as for pushing.</td>
<td></td>
</tr>
<tr>
<td>Reaching Below Knee</td>
<td></td>
<td>Indicate how long in this posture and what is being done. Indicate whether it can be modified (e.g. can object be placed on a table at waist height?)</td>
<td></td>
</tr>
<tr>
<td>Reaching Knee to Shoulder</td>
<td></td>
<td>Same considerations as reaching below knee</td>
<td></td>
</tr>
<tr>
<td>Reaching Above Shoulder</td>
<td></td>
<td>Same considerations as reaching below knee &amp; reaching knee to shoulder</td>
<td></td>
</tr>
<tr>
<td>Handling</td>
<td></td>
<td>For example, tools, equipment handles or buttons</td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Frequency of Activity</td>
<td>Description of Activity</td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------</td>
<td>-------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occasional (0%-33%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frequent (34%-66%)</td>
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</tr>
<tr>
<td></td>
<td>Constant (67%-100%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fingering</td>
<td></td>
<td>Pinching, picking or typing, which requires using the fingers only – not the hands or arms.</td>
<td></td>
</tr>
<tr>
<td>Gripping/Grasping</td>
<td></td>
<td>Requires putting pressure on an object with the fingers and the palm. (e.g., using a pistol grip drill.) Be specific about how the object is gripped and how large the object is. Grasping does not always include squeezing, but if it does, that should be noted.</td>
<td></td>
</tr>
<tr>
<td>Pinching</td>
<td></td>
<td>Fingers only</td>
<td></td>
</tr>
<tr>
<td>Repetitive Motions</td>
<td></td>
<td>A motion is repetitive if it is repeated hundreds to thousands of times per day (such as typing or assembly line work). Consider frequent breaks, rotation of tasks and stretches/exercises performed at the beginning and ending of shifts.</td>
<td></td>
</tr>
<tr>
<td>Talking</td>
<td></td>
<td>Is talking required to communicate or are there other ways to communicate? How often is it required?</td>
<td></td>
</tr>
<tr>
<td>Hearing</td>
<td></td>
<td>Same considerations as talking. (e.g. determine whether alarms can be modified by light or vibration)</td>
<td></td>
</tr>
<tr>
<td>Job Title</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Activity</td>
<td>Frequency of Activity</td>
<td>Description of Activity</td>
<td></td>
</tr>
<tr>
<td>--------------</td>
<td>----------------------</td>
<td>-------------------------</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Occasional (0%-33%)</td>
<td>Frequent (34%-66%)</td>
<td>Constant (67%-100%)</td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
<td>Is vision needed for driving, inspection, working with data or numbers, assembly?</td>
</tr>
<tr>
<td>Color Vision</td>
<td></td>
<td></td>
<td>Does the job require distinguishing colors? Could the job be modified if someone were color blind?</td>
</tr>
<tr>
<td>Environmental Conditions/Exposure</td>
<td></td>
<td></td>
<td>Extreme heat/cold; dust, fumes, odors</td>
</tr>
<tr>
<td>Noise</td>
<td></td>
<td></td>
<td>For example, employees are shouting in order to communicate above the noise or hearing protection is required PPE (Personal Protection Equipment)</td>
</tr>
<tr>
<td>Vibration</td>
<td></td>
<td></td>
<td>Indicate what body part(s) are exposed to vibration and for how long</td>
</tr>
<tr>
<td>Exposure to Hazards</td>
<td></td>
<td></td>
<td>Exposed to moving mechanical parts, moving vehicles, electrical current, working on scaffolding and high places.</td>
</tr>
</tbody>
</table>
**Physical Demand Levels**

*Reference: US Department of Labor*

**Sedentary Work** - Exerting up to 10 pounds of force occasionally (Occasionally: activity or condition exists up to 1/3 of the time) and/or a negligible amount of force frequently (Frequently: activity or condition exists from 1/3 to 2/3 of the time) 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 of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

**Light Work** - Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly (Constantly: activity or condition exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for Sedentary Work. Even though the weight lifted may be only a negligible amount, a job should be rated Light Work: (1) when it requires walking or standing to a significant degree; or (2) when it requires sitting most of the time but entails pushing and/or pulling of arm or leg controls; and/or (3) when the job requires working at a production rate pace entailing the constant pushing and/or pulling of materials even though the weight of those materials is negligible. NOTE: The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.

**Medium Work** - Exerting 20 to 50 pounds of force occasionally, and/or 10 to 25 pounds of force frequently, and/or greater than negligible up to 10 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Light Work.

**Heavy Work** - Exerting 50 to 100 pounds of force occasionally, and/or 25 to 50 pounds of force frequently, and/or 10 to 20 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Medium Work.

**Very Heavy Work** - Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects. Physical Demand requirements are in excess of those for Heavy Work.
Return to Work Program Tools

Section V. Identification of Modified Duty Work
RETURN TO WORK PROGRAM RECOMMENDATIONS

PRE-INJURY IDENTIFICATION OF MODIFIED DUTIES/JOB MODIFICATION

The agency/university WCA or Return To Work Committee should be responsible for coordinating these efforts.

IDENTIFY MODIFIED DUTIES

1. Develop a list of occasional jobs:
   - Jobs that require temporary help or overtime hours
   - Jobs done periodically, but not necessarily daily
   - “Inside” jobs done by outdoor workers only under adverse weather conditions

2. Identify tasks that do not come under any specific job title, but that could comprise a useful part-time job or combined full-time job.

3. Make a list of all objects that require lifting at any level and list the accurate corresponding weights for each object that is lifted or carried. Note whether the object is lifted overhead, at waist level, below knee level or away from the body.

4. Identify ways to implement job sharing.

5. Ask supervisors to develop a “wish list” of low priority tasks needing to be done.

6. Obtain employee input.

7. List tasks which can only be done by someone with specific knowledge about the department and tasks which may be done by someone outside the department.

8. Identify tasks from several different jobs that can be performed as modified duty.

9. Think about jobs that can be done sitting down; jobs that can be done one-handed; jobs that do not require lifting over 10 lbs, etc.; any objects that require pushing or pulling. If possible, obtain the pounds of force require to push or pull the object (NOTE: this is NOT the weight of the object being pushed or pulled, but the amount of force it takes to push or pull it).

REVIEW EXISTING JOB TASKS

1. Identify jobs that can be modified but still retain the essential functions.

2. Break down complicated tasks into basic functions.
3. Describe components of the job requiring specific skills or physical abilities.

4. Explain physical requirements of the job to someone unfamiliar to the task or workplace to solicit a new perspective on the work and offer creativity in redesigning tasks.

5. Take pictures or video where practical or possible; particularly helpful in production work or repetitive work.
RETURN TO WORK PROGRAM RECOMMENDATIONS

PRE-INJURY IDENTIFICATION OF MODIFIED DUTIES/JOB MODIFICATION

The WCA is responsible for coordinating these efforts with the Modified Duty Team.

MATCHING DUTIES TO EMPLOYEE

1. List all work restrictions indicated by the medical provider. (If restrictions seem unreasonable, contact your adjuster or OSHR Workers’ Compensation Consultant to discuss the possibility of contacting the medical provider for clarification. For example: “No lifting over 5 lbs” or “No use of hands” are examples of work restrictions that need clarification.

2. Investigate all possibilities of modifying the original job to meet restrictions.

3. List all modified duty work identified within the agency/university that may be appropriate for the employee, based on the employee’s skills.

4. Match the medical restrictions to the best possible work.

5. Provide the modified duties or job modification to the Adjuster.

6. Present best modified duty work or modified duty tasks to the Modified Duty Team for discussion and approval.

7. Prepare a written work recovery plan which precisely describes the work, including the amount of time to be spent on each task; give copies to employee and supervisor.

8. Remember that if the employee works even part of each day there can be positive results.

9. Evaluate recovery progress periodically and modify recovery plan as needed.

10. Investigate the possibility of physical therapy at the work site. This will allow the Physical Therapist to better understand the job and better design therapy to promote return to full duty.
One way to assist the supervisor in identification of modified duty work is to ask specific questions. The WCA or RTWP Committee can follow up with departments to elaborate on available modified duty job descriptions. It is recommended that the questionnaire be forwarded to the supervisor through the Department Head.

Following are some sample questions:

1. Do you currently have work for which you hire a temporary employee? If so, please briefly describe the work.

2. Do you have work for which you would like to hire a temporary employee? If so, please briefly describe the work.

3. Do you have work that is usually only done seasonally? If so, please describe the time frame in which the work is needed and briefly describe the work.

4. If you supervise employees typically employed outdoors, do you have indoor work that needs to be done? If so, describe the work.

5. Please make a “wish list” of tasks that have not been performed due to staffing limitations.
RETURN TO WORK PROGRAM (RTWP)
MODIFIED DUTY TEAM

Modified duty is directed at bringing the injured employee back to work in a capacity that will be beneficial to the employee as well as the employer. The employee must be aware that the objective is to transition back to permanent duty and there will be incremental increases in job duties during the healing period.

The Modified Duty Team for each work related injury should consist of the injured employee, the supervisor, the WCA, and the assigned claims adjuster. If difficulties are encountered during the course of return to work efforts, representatives from the agency/university Return To Work Committee may be called upon for assistance.

The Modified Duty Team is responsible for monitoring the injured employee’s progress toward returning to full duty work without restrictions utilizing the following process:

1. Review injured employee’s work restrictions assigned by the authorized treating physician to identify the parameters under which an employee may return to work. Maintain confidentiality among team members. Modified duty team members should only know the Injured Worker’s physical restrictions and capabilities. Any medical information should be shared on a “need-to-know” basis (and a confidentiality statement should be signed by all members?)

2. Specify a starting and ending time for the Modified Duty assignment which is monitored and modified as appropriate by the Modified Duty Team. In compliance with the Office of State Human Resources (OSHR) Policy, the work reassignment should be temporary and not exceed 90 days without approval from the agency/university Human Resources Director.

3. The Modified Duty assignment should strike a balance between the worker’s limitations and promoting endurance and recovery while performing either their essential job activities or modified work that is useful and productive for the organization.

4. General principles of Modified Duty assignments are:
   - Keep the employee in their own department if possible
   - If possible, have the employee do at least some part of their regular job.
   - Keep the employee working in some capacity with fellow workers
   - Get input from both the employee and the supervisor
   - Be creative with modified duties – it is permissible to create a job, combining tasks from several different jobs. Consider mentoring (can the employee train other employees?); work normally assigned to temporary workers; or consider training the employee for the next level of skill in their current position. Inventory, quality control checks or special projects should
also be considered.

- Integrate work activities with medical treatment or physical therapy.

5. Job assignments should be consistent with normal job assignments and should be in line with normal workflow. Modified duties assigned should be tailored to the abilities of the employee and the employee’s assigned work restrictions with purpose of maximizing recovery. The duties should be flexible depending on the employee’s medical progress and the organizational needs of the agency/university.

6. The Modified Duty Team should develop a written work recovery plan for the injured employee with clearly spelled out responsibilities and expectations that is signed by the injured employee. Sample letters to document the employee’s restrictions and abilities, modified duty work offers as well as sample forms for use in establishing and modifying the recovery plan are provided herein.

7. The injured employee’s supervisor should closely monitor the recovery progress of the employee while performing a Modified Duty Assignment.

8. The Modified Duty Team should continually monitor employee for improvement in abilities to function in the normal position until such time as the employee is able to return to work without restrictions.
## RETURN TO WORK PROGRAM (RTWP)
### COMMONLY ASSIGNED WORK RESTRICTIONS

| Low Back                  | No lifting over _____ pounds  
|                          | No repetitive bending         
|                          | No prolonged bending          
|                          | No prolonged sitting          
|                          | No prolonged standing         |
| Wrist and Hand           | No forceful gripping          
|                          | One arm work only             
|                          | Break every hour to stretch hands for 1-2 minutes 
|                          | No lifting with hands over _____ pounds |
| Elbow                    | No forceful gripping          
|                          | No reaching with elbow extended |
|                          | No repetitive twisting of forearm |
| Shoulder                 | No reaching overhead          
|                          | No reaching with extended elbows |
|                          | No reaching across body       
|                          | No lifting over _____ pounds  |
| Knee                     | No kneeling                   
|                          | No crawling                   
|                          | No squatting                  
|                          | Limited walking               
|                          | No climbing stairs or ladder   
|                          | No lifting over _____ pounds  |
(Letterhead)

(Certified Mail – Return Receipt)

(Date)

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

Re: Offer of Employment

Dear (Employee Name):

After reviewing work restrictions assigned by your authorized treating physician for your work-related injury/illness, we are pleased to offer you the following temporary, modified duty work assignment.

   Job Title: 
   Department: 
   Location: 
   Duration of Assignment: 
   Wages: 

Please see the attached Return to Work Plan for details. We believe this assignment is within your physical capabilities and assigned work restrictions as certified by your authorized treating physician. You will only be assigned tasks consistent with your physical abilities, skills, and knowledge. If any training is required to do this assignment, it will be provided.

This job offer will remain available for five (5) business days from your receipt of this letter. If we do not hear from you within five (5) business days, we will assume that you have refused this offer. Please note that refusal of an employment offer may impact your workers’ compensation temporary total disability (“TTD”) payments.

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

Sincerely,

(Signature)
(Printed Name and Title)
## RETURN TO WORK PROGRAM (RTWP)
### SAMPLE WORK PLAN – MODIFIED DUTY

<table>
<thead>
<tr>
<th>Workplace:</th>
<th>Location:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Full Name:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Job Injury:</td>
<td>Date Injury Occurred:</td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Plan Start Date:</th>
<th>Plan Finish Date or Event:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limitations:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician Name:</th>
<th>Date Contacted:</th>
</tr>
</thead>
</table>

### Functional Abilities (what can the employee do):

### Return to Work Objective: *(Place an “X” in the appropriate box.)*

- (A) Pre-injury job
- (B) Pre-injury job with accommodations
- (C) Return to alternate job
- (D) Other

### Specify Agreed Objective:

<table>
<thead>
<tr>
<th>ACTIONS</th>
<th>Due Date:</th>
<th>Review Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Supervisor: | |

<table>
<thead>
<tr>
<th>Modification to the work duties required?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Training required?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Modifications to work site required?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specify:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Graduated Work Plan

<table>
<thead>
<tr>
<th>Week</th>
<th>Scheduled hours/days:</th>
<th>Duties listed below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td></td>
<td></td>
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<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
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</tr>
</tbody>
</table>

We have read the above notice and have agreed to this plan:

---

**Employee Signature**

---

**Supervisor Signature**

---

**Date**

---

**Date**
**RETURN TO WORK PROGRAM (RTWP)**
**SAMPLE RETURN TO WORK – MODIFIED DUTY PLAN**

EMPLOYEE NAME

PERIOD OF MODIFIED DUTY/MODIFIED JOB: FROM ______ TO ______

HOURS OF MODIFIED DUTY/MODIFIED JOB: FROM ______ TO ______

**MODIFIED DUTIES ASSIGNED**

<table>
<thead>
<tr>
<th>JOB DUTIES</th>
<th>HOURS PER DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

The Modified Duty Work Assignment described above is based upon work restrictions assigned by the authorized treating physician as of __________. It will be reviewed on __________.

(insert date) (insert date)

We will revise your work as needed to accommodate any medical restrictions and make every effort to assist you in returning to full duty work as soon as medically possible. Attached is a copy of your currently assigned work restrictions from your authorized treating physician. If your authorized treating physician changes your work restrictions before the date above on which this plan will be reviewed, you must notify your supervisor or the WCA immediately.

A signed copy of this Return To Work-Modified Duty Plan should be kept by the employee and immediate supervisor of the employee’s Modified Duty work period for reference as to the specific activities the employee is able to do.

Employee Signature: ___________________________ Date: ________________

Supervisor Signature: __________________________ Date: ________________

WCA Signature: ________________________________ Date: ________________
Return to Work Program Tools

Section VI. Communication with Medical Providers
RETURN TO WORK PROGRAM (RTWP)
WORKING WITH THE PHYSICIAN FOR A SUCCESSFUL RTWP

1. Be familiar with the local participating in-network, emergency, urgent care, and general practice medical provider(s) to send all employees with work related injuries. Preferably choose medical providers that specialize in occupational or sports medicine for injuries that do not require emergency care.

2. Visit the medical provider(s)’ office(s) to provide details of the agency/university’s Return To Work Program or utilize the claims adjuster to communicate it to the physician.

3. Meet the medical provider(s)’ Office Manager and develop a good relationship. This person is the eyes and ears of the physician and is critical for good communication.

4. Meet with the primary physician(s). Clearly convey the agency/university’s commitment to providing a safe and early return to work environment for each and every employee.

5. Obtain the medical provider(s)’ commitment that injured employees can be seen on short notice. Ask that priority be given to your agency/university’s injured employees. If you have relatively few claims, a negotiating tool could be the recommendation of the provider(s)’ services to other State agencies/universities.

6. Clearly explain to the medical provider(s) that the first visit of an injured employee will be paid for by the agency/university, but for evaluation purposes only, pending a liability determination.

7. Utilize a standard “Return To Work Form” for the employee to take to the medical provider(s) at the initial visit and each subsequent visit. Provide the medical provider(s) and third party administrator with this form so that they may reproduce it as needed.

8. Invite the medical provider(s) to tour your agency/university’s facility(ies) so that he/she may be familiar with the types of work activities that regularly occur.

9. Before injuries occur, assemble a brief job description for jobs in each department, or at a minimum for jobs in high-risk areas. Give this information to the medical provider(s) to keep on file or send the employee’s individual job description with him on his first visit.

10. Before injuries occur, assemble a list of modified duties available for each department. Give this information to the medical provider(s) to keep on file. Make it clear to the medical provider(s) that you have a commitment to accommodate modified duty restrictions for your injured employees for a RTW that is as early as possible as well as safe as possible.
RETURN TO WORK PROGRAM (RTWP)
SAMPLE LETTER – AUTHORIZED TREATING PHYSICIAN

(Agency/university or TPA Letterhead)

(Date)

(Physician name)
(Physician address line 1)
(Physician address line 2)
(City, State, Zip)

Reference: (Employee’s name and date of injury)

Dear Dr. ________________:

(Company name) has implemented a Return To Work Program designed to ensure employees that have incurred work related injuries/illnesses return to medically appropriate work as soon as possible.

You are currently the authorized treating physician for the above named employee’s work-related injury/illness. Enclosed is a detailed job description and task analysis for the regular job of the employee. This job description may be modified or alternate work may be assigned to meet the work restrictions you have assigned the injured employee. (Name of agency/university) will ensure that any work assigned meets all medical requirements as directed toward your specific treatment strategies. The employee’s work schedule will be altered to accommodate all medical appointments. To assist us with this Return to Work process, we request that you complete the enclosed Modified Duty Assignment Form with as much detail as possible.

If you need additional information about a possible work assignment or about our Return To Work Program, please call (Agency/university Contact name and number). (Name of TPA) serves as the agency/university’s third party claims administrator and the assigned claim adjuster is (adjuster name and number).

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

Sincerely,

(Signature of company representative or owner) (Title), (Name of Company)

Enclosures: Signed authorization
Job descriptions and task analysis
Modified Duty Assignment Form
RETURN TO WORK PROGRAM (RTWP)
SAMPLE WORK STATUS NOTE

Employee: Take this blank form with you to each doctor visit. Return completed form to supervisor or workers’ compensation administrator immediately following doctor visit.

Employee Name: ___________________________ Date of Service: ________________

Employer: ___________________________ Facility: ___________________________

Physician Name: __________________________________________________________

The employee named above may perform work in accordance with the following list of work restrictions. Check all that apply:

☐ May resume work immediately, no restrictions.

☐ May resume work immediately, with the following restrictions:
   ☐ Sedentary work (sitting, occasional walking, standing, lifting less than 10 pounds)
   ☐ Light work (lifting less than 20 pounds)
   ☐ Medium work (lifting less than 50 pounds)
   ☐ Limited hours: _______ hours per day
   ☐ Limited days: _______ days per week
   ☐ Repetitive motion restrictions (specific to hand/arm injuries):

<table>
<thead>
<tr>
<th>FREQUENCY</th>
<th>No Use</th>
<th>Occasional</th>
<th>Frequent</th>
<th>Constant</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEFT</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>RIGHT</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

☐ Unable to return to work in any capacity.

☐ Other: __________________________________________________________

These restrictions apply beginning _____________ and ending on _____________.

(insert date) (insert date)

RETURN TO WORK/MMI/NEXT APPOINTMENT

Date patient may return to work at full duty: ________________________________

Projected date of attainment of Maximum Medical Improvement: _______________

Patient has a return appointment on (date): ______________ at (time): ________ AM / PM.

PHYSICIAN SIGNATURE:______________________________________________________
Return to Work Program Tools

Section VII. Maximum Medical Improvement
RETURN TO WORK PROGRAM (RTWP)
MAXIMUM MEDICAL IMPROVEMENT WITH A PERMANENT DISABILITY

When an employee has reached maximum medical improvement (MMI) and has been released to return to work by the authorized treating physician, but has been assigned permanent work restrictions which may prohibit employment in the previous position, the agency/university shall:

1) Determine if reasonable accommodations are required:

The Americans with Disabilities Act (ADA) provides that employers must engage in an interactive process where an employee is a qualified individual with a disability that may require an accommodation to assist in performing their work related duties. Once an injured employee has reached maximum medical improvement (MMI) and has been provided permanent restrictions that may affect his/her ability to perform their normal job duties, workers’ compensation administrators (WCA) should contact their ADA coordinator to assist with determining whether the agency can accommodate the permanent work restrictions with reasonable accommodations. The agency/university’s ability or lack thereof to accommodate permanent work restrictions with reasonable accommodations should be thoroughly documented by the agency/university Human Resources staff.

2) If a reasonable accommodation is not available, attempt to place the employee in another position (with an appointment like that held prior to the injury) that is suitable to the employee’s capacity and is meaningful, productive, and advantageous to the employee and the agency/university. The agency/university shall treat reemployment of the employee with priority as described in the Selection Policy, Special Employment and Reemployment Considerations, Recruitment and Selection Section.

- During the work placement efforts, the employee shall be appointed to the first suitable vacancy that occurs. (How does this process work? Who looks for the jobs in other agencies/universities?) There is no set process...it varies by agency/university.

- If the employee accepts a position in a lower pay grade than the pre-injury position, the employee’s pay must be adjusted, as appropriate, within the range of the lower pay grade.

- If a position is not available that is suitable to the employee’s capacity, the employee shall continue on workers’ compensation leave until work placement or separation.

- Work placement efforts may be in the form of referral to agency/university internal vacancies, Office of State Human Resources (OSHR) vacancy listings, third party reemployment services, vocational rehabilitation, etc.
3) If no accommodation can be made and the employee cannot be placed in another position, then the agency/university may:
(a) utilize vocational rehabilitation or other job assistance resources available; or
(b) separate the employee pursuant to the following administrative rule:

25 NCAC 01C .1007 SEPARATION
(a) An employee may be separated when:
(3) notwithstanding any unexhausted applicable leave credits and leave benefits, when an employee is on workers' compensation leave of absence, and the employee is unable to return to all of the position's essential duties as set forth in the employee's job description or designated work schedule due to a medical condition or the vagueness of a medical prognosis, and the employee and the agency are unable to reach agreement on a return to work arrangement that meets both the needs of the agency and the employee's medical condition, a separation may occur on the earliest of the following dates:
(A) after the employee has reached maximum medical improvement for the work related injury for which the employee is on workers' compensation leave of absence and the agency is unable to accommodate the employee's permanent work restrictions related to such injury; or
(B) 12 months after the date of the employee's work related injury.
(b) The employing agency shall send the employee written notice of the proposed separation in a Pre Separation Letter. The letter shall include the employing agency's planned date of separation, the efforts undertaken to avoid separation, and why the efforts were unsuccessful. This letter shall be sent to the employee at least 15 calendar days prior to the employing agency's planned date of separation. This letter shall include a deadline for the employee to respond in writing no less than five calendar days prior to the employing agency's planned date of separation.
(c) If the agency and employee are unable to agree on terms of continued employment or the employee does not respond to the Pre Separation letter, the employing agency shall send the employee written notice in a Letter of Separation. The letter shall be sent no earlier than 20 calendar days after the Pre Separation letter is sent to the employee. The Letter of Separation shall state the actual date of separation, specific reasons for the separation and set forth the employee's right of appeal. Such a separation shall not be considered a disciplinary dismissal as described in G.S. 126-34.02 or G.S. 126-35. It is an involuntary separation and may be grieved or appealed. The burden of proof on the agency in the event of a grievance is not to demonstrate just cause as that term exists in G.S. 126-34.02 or G.S. 126-35. Rather, the agency's burden shall be to prove that the employee was unavailable, that efforts were undertaken to avoid separation, and why the efforts were unsuccessful.
(d) "Applicable leave credits and benefits" is defined as the sick, vacation, bonus, incentive, and compensatory leave that the employee may earn, but does not include short-term or long-term disability.
Agency/university workers’ compensation administrator and Human Resources Director should consult with agency/university General Counsel to ensure all rule requirements are met with regards to separation of a state employee while on workers’ compensation leave of absence.

Agency/university workers’ compensation administrator and Human Resources Benefits Manager should provide the employee to be separated with information and forms regarding short term/long term disability eligibility, retirement benefits eligibility, vacation/sick leave payout, etc.
RETURN TO WORK PROGRAM (RTWP)
SAMPLE ADA CHECKLIST

1. Does the individual have a permanent disability?
   ☐ Yes ☐ No

   **Note:** If Individual claims ADA protection only as a result of "regarded as" coverage, the person is not entitled to reasonable accommodation.

2. Did the person request reasonable accommodation (*i.e.*, did the person ask for a modification or change because of a medical condition)?
   ☐ Yes ☐ No

3. What accommodation (if anything specific) was requested?

   ☐ Equipment or Machinery
   ☐ Reader
   ☐ Interpreter
   ☐ Modification of Policy (including Leave Policy)
   ☐ Accessibility
   ☐ Job Restructuring (Reallocation of Marginal Functions)
   ☐ Modification to Work Schedule
   ☐ Examinations/Training Materials
   ☐ Reassignment
   ☐ Describe accommodation requested: ________________________________
   ☐ Other: ________________________________

4. Is the reasonable accommodation needed *because of* disability?
   ☐ Yes ☐ No

   If Yes, describe: __________________________________________________________________

5. Did you engage in an "interactive process" to identify an effective accommodation?
   ☐ Yes ☐ No
6. Did you discuss accommodation with the individual?
   □ Yes          □ No
   If yes, document discussions (include attachments, if necessary).

7. Did you request assistance in determining accommodation from any outside source (e.g.,
   the Job Accommodation Network)?
   □ Yes          □ No
   If yes, document discussions (include attachments, if necessary).

8. Has accommodation been provided?
   □ Yes          □ No
   If yes, is accommodation effective (i.e., does it work?) Yes No (Discuss)

9. Do you claim that providing reasonable accommodation would impose an undue
   hardship?
   □ Yes          □ No
   If Yes, describe: _______________________________________________________

10. What evidence exists to support undue hardship?
    □ Nature and net cost of accommodation (taking into account availability of tax credits
        and deductions, and/or outside funding)
    □ Overall financial resources of facility/facilities, number of employees at facility, and
        effect on expenses and resources
    □ Overall financial resources of covered entity, overall size of business of covered entity
        with respect to the number of employees and the number, type and location of
        facility/facilities
    □ Type of operation(s) of covered entity, including composition, structure, and
        functions of the workforce of covered entity, and geographical separateness and
        administrative fiscal relationship of facility/facilities in question to the covered entity
    □ Describe and document evidence supporting undue hardship: ______________________
        ____________________________________________________________

11. Impact of the accommodation on the operation of the facility, including impact on other
    employees' ability to perform duties and facility's ability to conduct business
    _________________________________________________________________
RETURN TO WORK PROGRAM (RTWP)
IDEAS FOR MODIFYING JOBS

The following suggestions were taken from Warren, Gorham & Lamont’s Workers’ Compensation Guide.

An important point to remember when considering job modifications is to look at how the job is done more than what is done. Keep a list and add to it periodically, as new modifications come up. The Return To Work Committee should meet periodically to discuss job modifications and what has worked or not worked. Following are some basic ideas on job modification, which are meant to encourage creative thinking:

LIFTING
☐ Consider the location of the object, with the best location being at waist height.
☐ Use a mechanical device such as forklift, overhead lift or hoist to assist with the lifting
☐ Break the load down into smaller sizes (however, consider the frequency of lifting when doing this)
☐ Add handles or grips to objects to be lifted

SITTING
☐ To keep the back of legs from resting on edge of chair, provide a footrest
☐ Adjust work station height to allow some work to be done while standing
☐ Investigate the need for ergonomically designed chairs or consider an ergonomic assessment of the workstation to fit the employee. Sometimes simple modifications can be made to the workstation for little or no charge.
☐ Use backrests

CARRYING
☐ Use carts or conveyors when possible
☐ Use mechanical devices such as forklifts to move heavier objects or identify whether assistance can be obtained to lift heavier objects (generally anything over 50 lbs)

REACHING
☐ Bring the objects closer to the body of the individual with spring loaders
☐ Provide some form of rotating base
☐ Provide long handled implements to increase reach
☐ Provide telephone headsets or speaker phones
☐ Ergonomically adjust the work station to the employee’s needs

STANDING
☐ Provide a stool or adjustable height chair
☐ If standing is on concrete or other hard surface provide a mat to cushion
☐ Investigate the possibility of requiring cushioned insoles for the worker’s shoes
HAND AND WRIST INJURIES
- Use grip kits or shock absorbing gloves to modify excessively vibrating tools
- Use spring-loaded self-opening hand tools to reduce carpal tunnel and trigger thumb
- Move hand controls to appropriate side if injury creates one-handedness
- Install special holding devices on desks, machines, etc.
- Install foot pedals for some activities
- Use table mount tools

WHEELCHAIR-BOUND EMPLOYEES
- Provide long-handled grabbers to increase reach; use as many reaching modifications as appropriate for the disability
- Provide adjustable workstations so height can accommodate needs
- Adjust height of shelves or files
- Modify driving controls
- Provide wheelchairs that allow employee to stand, if possible
- Provide electric wheelchairs

AUDITORY IMPAIRMENTS
- Provide telephones with adjustable volume levels
- Move worker to a quieter area with less background noise
- Install visual signals to notify hearing impaired worker of activities, hazards, etc.
- Provide a device for telephone communications
- Allow written communication instead of verbal
- Train key personnel in sign language

VISUAL IMPAIRMENTS
- Provide Braille translations for written information
- Use optical magnifiers
- Install auditory signals such as buzzers in lieu of visual cues or blinking lights
- Use enlarged buttons on telephones
- Provide Braille calculators or talking calculators
- Do not move objects or rearrange the workplace frequently
- Make sure light in the work area is adequate
Return to Work Program Tools

Section VIII. Vocational Rehabilitation
RETURN TO WORK PROGRAM (RTWP)  
VOCATIONAL REHABILITATION

Injured employees with claims arising on or after June 24, 2011 may be statutorily entitled to vocational rehabilitation services or they may be provided by the employer at any time during the course of a claim.

- The employer may engage VR services at any time in the claim, regardless of whether the employee has reached maximum medical improvement.

- VR services must be provided by either a qualified or conditional VR professional approved by the Industrial Commission. At any point during the VR process either party can request that the IC order a change of VR professional for good cause.

- VR services shall include a vocational assessment and an individualized written rehab plan with the goal of substantially increasing the employee’s wage earning capacity.

- VR services may include but are not limited to vocational assessment, vocational exploration, sheltered workshop or community supported employment training, counseling, job analysis, job modification, job development and placement, labor market survey, vocational or psychometric testing, analysis of transferable skills, work adjustment counseling, job seeking skills training, training or education through the North Carolina community college or university systems.

- VR services may be terminated by agreement of the parties or by order of the Industrial Commission.

- RTW option priorities:
  - Return to suitable employment with same employer
  - Return to suitable employment with new employer
  - If appropriate, training or education to return to work with current or new employer

- Refusal of the employee to cooperate with VR when ordered by the Industrial Commission bars the employee from disability compensation during refusal, unless refusal is found to be justified. The Industrial Commission must specify what action the employee must take to end the suspension of benefits.
Return to Work Program Tools

Section IX. Program Evaluation
RETURN TO WORK PROGRAM (RTWP)
PROGRAM EVALUATION

Evaluation is critical to identifying the strengths and weaknesses in the RTWP. Information obtained through an evaluation can be used to focus on continuous improvement. There are many different methods of conducting an evaluation of the return-to-work program; however, any conclusions must be supported by quantifiable information. Therefore, the process of conducting the evaluation is as important as the results. Once the results are validated they must be communicated to all staff.

Evaluation Protocol
RTWP should be evaluated by employees, supervisors, and agency/university management on an annual basis. (Does OSHR have an opportunity to review?)

Communication Protocol
RTWP should be communicated to employees, supervisors, and agency/university management on an annual basis.

Revision Protocol
RTWP should be revised through a process involving employees, supervisors, and agency/university management.

Who should conduct an evaluation?
The evaluation should be conducted by people in the organization who are knowledgeable of the return-to-work program and have the experience and skills to conduct an evaluation.

How often should an evaluation be performed?
An evaluation should be performed at least annually. The goal is continuous improvement and the schedule of evaluation should reflect that.

How should the results of the evaluation be communicated to staff?
The results of the evaluation may be communicated to staff through presentations, memos, bulletin board postings, staff meetings, etc.

When should an employer prepare for an evaluation?
Preparation for an evaluation begins when the program is being designed and developed. At this stage the objectives of the program can be defined to include any information that would be needed for the evaluation.
“Data points” need to be identified throughout the program’s design and must be collected on an ongoing basis. Examples of data points include, but are not limited to:

- Injury frequency
- Injured worker satisfaction with the return-to-work program
- Time from injury to start of return to work
- Return-to-work plan duration
- Cost of accommodating injured workers
- Cost of lost days, lost productivity

What are the benefits of evaluating your return-to-work program?

**Benefits to the employer**

- Information can be used to validate the program.
- Improves workplace safety.
- Ensures that program objectives are being met.

**Benefits to the employee**

- Recognizes the strengths of the program.
- Creates better understanding of the return-to-work process.

What are the measures of success?

- Increase or decrease in number of new claims
- Increase or decrease in number of claims that result in lost work time
- Increase or decrease in average number of days of lost time for indemnity claims
- Increase or decrease in number of claims wherein injured employee does not return to work with employing agency/university.
- Increase or decrease in medical costs associated with all claims.
- Increase or decrease in indemnity costs associated with all claims.
RETURN TO WORK PROGRAM (RTWP)
SUGGESTIONS FOR EVALUATING RTWP RESULTS

PROGRAM OUTCOME: REDUCE NUMBER OF LOST WORK TIME CASES

DATA MEASURES

1. Annual number of lost workdays prior to RTWP implementation.
2. Annual number of lost workdays after RTWP implementation.
3. Annual number of restricted workdays prior to RTWP implementation.
4. Annual number of restricted workdays after RTWP implementation.

PROGRAM OUTCOME: REDUCE INDEMNITY EXPENDITURES

DATA MEASURES

1. Annual expenditures for Temporary Total Disability (TTD) Benefits (before and after RTWP).
2. Annual Expenditures for Partial Disability Payments (TPD) (before and after RTWP).

PROGRAM OUTCOME: REDUCTION IN MEDICAL COSTS

DATA MEASURES

1. Annual medical expenditures prior to RTWP implementation.
2. Annual medical expenditures after RTWP implementation.
3. Annual medical expenditures for employees placed in RTWP, by nature of injury and part of body injured.
4. Annual medical expenditures for employees NOT placed in RTWP, by nature of injury and part of body injured.

PROGRAM OUTCOME: INCREASE WORKPLACE MORALE

DATA MEASURES

1. Survey of employees involved in RTWP process.
2. Survey of supervisors involved in RTWP process.
RETURN TO WORK PROGRAM (RTWP)  
EVALUATION OF PROGRAM STRENGTHS AND WEAKNESSES

List each component under the appropriate column:

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Identify any consistencies or trends which made components successful:

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<th>REASON FOR SUCCESS</th>
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Identify what the agency/university can do to improve the weak components:

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<th>WEAK COMPONENT</th>
<th>IMPROVEMENT PLAN</th>
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RETURN TO WORK PROGRAM (RTWP)
SAMPLE INJURED EMPLOYEE SURVEY QUESTIONS

These questions are directed to injured employees that participate in the agency/university’s RTWP. The survey should be sent to all employees involved in the workers’ compensation process during a defined time period.

The survey participants should be informed that the survey is anonymous, and designed to help the agency/university learn how well the RTW Program is serving employees and what can be done to make it better.

1. **Had you heard about the RTWP before your injury or illness?**
   - [ ] Yes
   - [ ] No

2. **Do you know where to get more information about the RTWP?**
   - [ ] Yes
   - [ ] No

3. **Do you believe persons with injuries/illnesses which keep them from their normal job duties can be helped by continuing to perform some type of work during recovery?**
   - [ ] Yes
   - [ ] No

4. **Do you believe that this is a good program for employees? If not, please comment.**
   - [ ] Yes
   - [ ] No

5. **Do you feel that the RTWP helped hasten your recovery more than if you had not been able to do some form of work?**
   - [ ] Yes
   - [ ] No

6. **Were you involved in decisions regarding modified duty work assigned to you?**
   - [ ] Yes
   - [ ] No

7. **What recommendations would you have for improving the RTW Program?**

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________

   ____________________________________________________________
These questions are directed to supervisors that participate in the agency/university’s Return To Work Program (RTWP). The survey should be sent to all supervisors that supervised an injured employee in the RTWP during a defined time period.

The survey participants should be informed that the survey is anonymous, and designed to help the agency/university learn how well the RTW Program is serving employees and what can be done to make it better.

1. Had you heard of the agency/university RTWP before you became involved with a workers’ compensation case for one of your employees?
   □ Yes □ No

2. Do you believe that continuing employment helped the employee during the recovery period more than sending them home to recuperate would have?
   □ Yes □ No

3. Was the attitude of co-workers toward the injured employee supportive during the Modified Duty stage?
   □ Yes □ No

4. Were you able to modify the employee’s original job to accommodate the medical restrictions?
   □ Yes □ No

5. Were you able to provide Modified Duty work to accommodate the medical restrictions?
   □ Yes □ No

6. Do you feel your participation on the Modified Duty Team helped you better understand and accommodate the injured employee’s medical restrictions?
   □ Yes □ No

7. Do you believe the RTWP is beneficial to the agency/university?
   □ Yes □ No

8. What recommendations would you have for improving the RTW Program?
Sample Return to Work Program
RETURN TO WORK PROGRAM

(insert name of agency/university)

For Fiscal Year 20____ through 20_____

Approved:_________________

Agency/university or Department/Division ________________________________

Number of Employees _________________________________________________

Human Resources Director _______________________________________________

Phone _________________________ Email ________________________________

Workers’ Compensation Administrator(s) (WCA) __________________________

Phone _________________________ Email ________________________________

Return To Work (RTW) Committee Members

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RTW Committee Chair: ____________________________________________

RTW Committee Secretary: _________________________________________
1. The RTW Committee is appointed at the beginning of each fiscal year by __________________________ no later than July 31st of each year. 

2. The RTW Committee includes representatives of human resources, senior management, workers’ compensation administrator(s), safety personnel, front line supervisors, and employees.

3. The RTW Committee meets at the following set times: _______________________________ _______________________________ _______________________________ _______________________________. 

4. The RTW Committee may also convene at times other than those scheduled at the discretion of the committee chair or majority request from the committee members.

5. The RTW Committee appoints a Chair and Secretary at its first meeting of each new fiscal year.

6. The RTW Committee Chair is responsible for setting meeting agendas and presiding at each meeting.

7. The RTW Committee Secretary is responsible for maintaining accurate records of the committee’s work as needed, and presiding over committee meetings if the Chair is not present.

8. The RTW Committee reviews at each meeting incident investigation reports for all employee injuries that have occurred since the prior meeting and the return to work status of all injured employees with open workers’ compensation claims.

9. The RTW Committee considers and discusses agency/university needs and receives input and information from the entire agency/university to develop: a) a list and detailed description of modified duty work activities that will further the agency/university’s mission, goals, and objectives; and b) a list and detailed description of permanent duty work that may be modified or is suitable for persons assigned permanent work restrictions due to a work-related injury or other condition.

10. The RTW Committee updates the agency/university’s list of modified duty work activities and permanent duty work including detailed descriptions and physical requirements of new and recurring available modified duty and permanent work assignments at each scheduled meeting and more often if necessary.
11. The RTW Committee Secretary provides the agency/university’s updated list of modified and permanent duty assignments to the WCA(s) no later than three (3) business days following each RTW Committee meeting.

12. The RTW Committee provides yearly training and written resources to all agency/university employees regarding the RTWP.

13. The RTW Committee conducts an annual program evaluation of the RTW via a written survey of all agency/university employees and supervisors.

14. The RTW Committee annually measures program outcomes including lost workdays and workers’ compensation costs.
1. Workers’ Compensation Administrator (WCA) or injured employee’s supervisor forwards injured employee’s Work Status Note immediately upon receipt to WCA.

2. Modified Duty Team for each work related injury consisting of the injured employee, the injured employee’s supervisor, WCA, and assigned claims adjuster meets in person or via phone to discuss modified duty assignment based on assigned work restrictions.

3. Supervisor informs WCA that the injured employee will be assigned to Modified Duty and determines a specified beginning date and time.

4. WCA informs other members of Modified Duty Team of injured employee’s return to work date, time, and reporting information.

5. WCA prepares “Return To Work Agreement” for employee, supervisor, and WCA signature.

6. Employee returns to work at specified date and time. WCA and supervisor meet with employee to discuss and sign “Return To Work Agreement”.

7. If employee fails to comply with “Return To Work Agreement”, supervisor immediately informs WCA who contacts third party administrator claim adjuster and instructs that the compensation suspension process be commenced.

8. Modified Duty Team reassesses employee’s return to work status and duties as needed based upon assigned work restrictions. If modifications are necessary, WCA prepares revised “Return To Work Agreement” for employee, supervisor, and WCA signature.
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1. Injured employee or supervisor forwards injured employee’s permanent work restrictions immediately upon receipt to Workers’ Compensation Administrator (WCA).

2. WCA discusses with injured employee’s supervisor whether pre-injury position meets the requirements of the permanently assigned work restrictions or may be modified to do so.

3. If injured employee’s pre-injury position meets or may be modified to meet the requirements of the permanently assigned work restrictions, the injured employee returns to work in that position.

4. If the injured employee’s pre-injury position cannot be modified to accommodate the permanently assigned work restrictions, the Return To Work Committee and WCA working with agency/university management identifies other positions within the agency/university that meet the requirements of the injured employee’s permanent work restrictions. WCA communicates with the supervisor of such identified position(s) to confirm the employee’s ability to perform that position with or without modifications.

5. If a new permanent position is identified for the injured employee with permanently assigned work restrictions, WCA informs assigned claim adjuster, supervisor, and injured employee of return to work date, time, and reporting information.

6. If employee fails to return to work at new permanent duty job, supervisor immediately informs WCA who contacts assigned claim adjuster.
# SAMPLE RETURN TO WORK PROGRAM (RTWP)
## LIST OF AVAILABLE PERMANENT DUTY ASSIGNMENTS

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