

## **RETURN TO WORK PROGRAM**

The purpose of an early return-to-work program is to return employees who suffer injuries, whether occupational or non-occupational, to work as soon as possible in a position that is within the medical restrictions outlined by the treating physician.

The early return to work program is designed to allow employees to return to work either in their usual and customary position with minor modifications; or, in an alternative position that is at a level they are physically capable of performing until they can return to their regular position.

### **I. DEFINITIONS OF TEMPORARY MODIFIED AND ALTERNATIVE WORK**

Modified and alternative work assignments are temporary, normally not to exceed eight weeks, or light duty assignments which assist the injured or ill employee in returning to work at a level they are physically capable of performing until they can return to their usual and customary position. This type of work is a transitional process, which enables the employee to gradually resume his/her full-time duties as recommended by his/her primary treating physician.

### **II. PROCEDURES**

#### **A. Return-to-Work After an On-the-Job Illness or Injury:**

1. Medical verification shall be sent to the Human Resources Office. Unless the physician gives the employee a full release, the employee may be considered eligible for a temporary or modified work assignment.
2. The Human Resources Director, in conjunction with the employee's supervisor, will look for a temporary or modified work assignment within the parameters indicated by the treating physician for work restrictions or modifications. (For purposes of this procedure, a supervisor for classified positions will be a management level employee and for faculty positions this management employee will be at the level of Associate Dean or higher). If the treating physician does not indicate work restrictions or modification, or if the physician's restrictions are vague or unclear, the Human Resources Director may contact the physician for clarification or to see if modified duty may be appropriate.
  - a. If the medical report and/or the physician report lists restrictions, a conference will be held between the Human Resources Director, employee, and supervisor to determine if the employee can return to his/her regular job assignment within restrictions.
  - b. If the employee is not able to return to her/his regular job assignment within the restrictions, the Human Resources Director, with the assistance of the employee's supervisor, will look for temporary

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modified duty assignments available within the District at the employee's normal campus location.

- c. If no modified assignments can be found, the employee will be placed on temporary disability, sick leave, or other available leave until an appropriate modified position within the medical restrictions is found, or the medical restrictions are changed or lifted.
3. A letter notifying the employee of temporary modified assignment will follow within ten (10) days. The notice shall include that temporary modified work assignments shall only be granted for limited periods of time, not normally exceeding eight (8) weeks.
4. In providing a temporary modified assignment, the District will typically assign employees to perform tasks which are at or below their regular assignment, and during such assignments will be compensated at their regular rate of pay and/or in conjunction with temporary disability benefits as prescribed by law. All temporary modified Return-to-Work assignments are "temporary" and carry no loss or change in position, status, or benefits.
5. The employee shall commence her/his temporary modified assignment as of the date prescribed on the medical verification and in accordance with the availability of the temporary assignment. Without a physician's change in medical status and/or diagnosis, failure to report to work on the designated date shall be considered abandonment of position and/or insubordination.
6. The Human Resources Director shall monitor all injured employees' "date of release" pursuant to their medical verifications and return them to their regular job assignments at that time. The Human Resources Director shall also monitor an employee with an "off work order" from the treating physician for a possible return to a temporary modified assignment at a later date.

### B. Return-to-Work After an Off-the-Job Illness or Injury:

1. After an illness or injury that occurs off-the-job, the affected employee should contact his/her supervisor and the Human Resources Director to request a return-to-work assignment in a temporary modified position.
2. The employee must provide the District appropriate medical verification from his/her treating physician. At this point, the procedure for Return-to-Work after an off-the-job illness or injury is the same as that of an on-the-job illness or injury.

Adopted: 9/17/01

**RETURN TO TEMPORARY MODIFIED ASSIGNMENT  
GLENDALE COMMUNITY COLLEGE DISTRICT**

**EMPLOYEE** \_\_\_\_\_

**POSITION** \_\_\_\_\_ **SITE/DEPT.** \_\_\_\_\_

**SUPERVISOR** \_\_\_\_\_

**INJURY/ ILLNESS** \_\_\_\_\_ **OCCUPATIONAL** \_\_\_\_\_ **NON-OCCUPATION** \_\_\_\_\_

**NATURE OF INJURY/ILLNESS:** \_\_\_\_\_

Listed below are the limitations/restrictions as outlined in the attached medical report, Return to Work Evaluation form or Work Release dated \_\_\_\_\_

which was completed by \_\_\_\_\_, treating physician.

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

These limitations/restrictions are:

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

Human Resources Representative \_\_\_\_\_

I agree to abide by the above limitations/restrictions in the performance of my job assignment. As these limitations/restrictions are considered temporary, (normally not to exceed eight weeks) I will inform my supervisor and/or Human Resources promptly of any change. Additionally, if I am absent from work for any reason, I will notify my supervisor immediately.

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

I have reviewed these limitations/restrictions and intend to assign tasks which can be performed within the scope of these limitations/restrictions.

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