

Return to Work Model Program & Handbook

Create, implement and maintain a Return to Work Program to get your employees back to work and back to life.



A Return to Work Program is one of the most effective ways to manage injuries, control workers compensation costs and reduce lost work time.

A Return to Work program can also:

- Reduce the effects of disability and absenteeism in the workplace
- Facilitate the earliest possible safe return of an injured employee to the workplace, to perform meaningful, productive work within their physical capabilities
- Lead to quicker injury resolution time and consistently better outcomes

To use this model program:



1. Review

- Carefully review program elements.



2. Modify

- Modify sections of this model program to reflect your operating policies and procedures.

Disclaimer: This model program is provided as a general guide to help develop a Return to Work program. This manual should not be construed as representing or warranting that the use of any or all of the information contained will substitute professional services.

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**Preferred Employers
Insurance**

| a Berkley Company

Return to Work Program Handbook

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Return to Work Definitions

Terminology used when developing a Return to Work program is provided below.



Modified Work

Involves changes to the original job duties. Some examples:

- Changing the workstation or tools
- Removing tasks the employee cannot perform
- Reducing the time spent on a particular task (for example, 15 minutes rest for every hour doing data entry on computer)
- Moving the location of the job to avoid dusts or other exposures



Alternate Work

Involves moving the employee to another position within the company which meets the physical limitations caused by the injury or illness. This type of work would ordinarily accommodate most common temporary physical limitations.



Transitional Work

Includes assignments that meet the specific medical restrictions set by the doctor, while allowing the employee to perform either some of the original job or a different job the employer has identified. Transitional work should be evaluated frequently, in close communication with the employee and treating physician. The goal is to progressively match the workers' capabilities as function is restored after an injury.



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Elements of a Return to Work Program

An effective Return to Work program requires the following:



1. **Immediate reporting** of injuries and illnesses to Preferred Employers.



2. Use of Preferred Employers **medical provider network (MPN)**, whose members have agreed to practice Return to Work principles. To find network members in our area, visit www.peiwc.com, Policyholders > Find a Doctor



3. A **“jobs bank”** of potential “transitional duty” tasks.



4. A **coordinated team approach** among your company, the return-to-work coordinator, the injured employee, the medical provider and Preferred Employers.



5. **Training** of company employees in the elements of the Return to Work program.



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Return to Work Program Implementation Checklist

		Date
1. Appoint a program coordinator		
2. Develop written program		
3. Train managers and supervisors		
4. Communicate the program to employees		
5. Train employees on return-to-work protocols		
6. Require incident report within 24 hours		
7. Designate jobs for modified, transitional, and alternative duty		
8. Modify work schedules if necessary		
9. Standardize job descriptions with physical requirements		
10. Require supervisors and employees to follow work restrictions		
11. Place returning employees in other departments or locations if necessary		
12. Invite care providers to visit operations		
13. Communicate with Preferred Employers with work restrictions' updates or questions		
14. Consistently and regularly use Return to Work Checklist with forms		

To learn more, visit www.peiwc.com OR contact Patricia Garcia, Return-to-Work Coordinator (619) 471-2915 for Return to Work assistance/support.



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Model Return to Work Program

Print and fill the following pages to complete your Return to Work program



Model Return to Work Program

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Attachment 1: Return to Work Policy Statement

It is the policy of _____ (*Company Name*) to provide a safe and healthy workplace to our employees. Preventing work-related injuries and illnesses is our primary goal.

Our Return to Work program provides opportunities for an employee who is injured on the job to Return to Work. If the injured worker is not physically capable of returning to their regular position, the Return to Work program provides employees an opportunity to return to modified or alternate work that meets the injured worker's physical capabilities.

Responsibilities for implementing the Return to Work program are assigned to _____ (*Return-to-Work Coordinator Name*) who will coordinate all efforts and oversee the application of the company's Return to Work program.

(Signature of President / CEO / Manager)

(Date)



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✓ Return-to-Work Coordinator

The return-to-work coordinator is an employee of _____ (Company Name) responsible for developing and maintaining a list of transitional duty jobs and their physical requirements. The return-to-work coordinator will also maintain frequent communications with the injured or ill employee, the employee's medical provider and Preferred Employers. In addition, the return-to-work coordinator will train employees in their responsibilities under the Return to Work program.



_____ (Return-to-work Coordinator Name) is the return-to-work coordinator and is responsible for all aspects of _____ (Company Name) Return to Work program. The return-to-work coordinator will:

- Maintain the Return to Work program, and related records and forms.
- Make sure The Employer's Report of Occupational Injury or Illness (Form 5020) are completed and sent to the appropriate parties.
- Locate and use providers in Preferred Employers medical provider network (MPN).
- Give the medical provider information on the physical requirements of the employee's job, and potential alternate or modified transitional duty assignments.
- Maintain and document contact with the injured employee on a regular basis. See [Attachment 5: Employee Contact Log](#).
- Work with the physician to develop a transitional duty work plan.
- Formalize the transitional duty offer in writing with [Attachment 8: Sample Letter to Employee – Offer of Temporary Work Assignment](#).
- Communicate frequently with the medical provider and Preferred Employers.
- Train employees on the company's return to work program.

Return to Work Records

The return-to-work coordinator is responsible for maintaining records associated with the Return to Work program, including the following:

- Documentation of Return to Work training, including employee names and dates training was conducted.
- A "jobs bank" of potential transitional duty tasks.
- Completed first reports of injury forms (Form 5020).
- Physician's reports of work restrictions and job statuses.
- Completed [Attachment 8: Letter to Employee – Offer of Temporary Work Assignment](#).

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Return to Work Training

The return-to-work coordinator will provide Return to Work program training to new employees during the first 30 days of employment. Refresher training will be provided as necessary, and whenever changes are made to the program. At a minimum training should communicate:

- Benefits of Return to Work for the employee: It helps reduce the financial burden of being out of work, it often helps in the healing process by keeping the employee physically and mentally active, and it keeps the employee connected to their friends and co-workers which has been shown to positively impact recovery.
- Expectation employees will return to work from injury or illness as soon as they are able to do so.
- Expectation employees will use providers of Preferred Employers Insurance’s medical provider network (MPN).
- _____ (Company Name) will provide alternate or modified transitional work assignments to accommodate the work restrictions established by the employee’s treating physician.
- Employees will report injuries immediately.

Additional training should be provided for supervisors on their responsibilities in the Return to Work program.

Physical Requirements and Transitional Duty

The return-to-work coordinator will develop an analysis of the physical requirements of each job function, to be given to the injured employee’s treating physician if and when an injury occurs. The return-to-work coordinator will also develop a “jobs bank” of transitional duty assignments for employees who are recovering from an injury or illness.

Transitional Duty Assignments

Potential alternate work assignments and ways to modify existing jobs to accommodate restrictions should be determined before an injury or illness occurs.

The return-to-work coordinator should meet with other employees at _____ (Company Name) to identify assignments that could be performed by employees with work restrictions. Each job should be analyzed, and an inventory of transitional duty tasks should be determined. Often, there are important jobs or projects that are currently not being done but could be performed by an employee with restrictions. Other times, an employee can perform part or even most of their regular job, but needs assistance with certain tasks from another employee or by modifications to their workstation.



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Transitional Duty Assignments

Examples:

“Sit-in-place” tasks – sitting with occasional walking and light lifting

- Working at computer
- Opening mail
- Ordering supplies
- Processing invoices and payments
- Answering telephone
- Updating manuals and best practices

“On-your-feet” tasks – walking and standing, moderate lifting, up to physician restrictions

- Filing
- Taking inventory
- Vacuuming or sweeping
- Light assembly or manufacturing tasks

“One-arm” tasks – can be performed with one hand or arm

- Phone with headset
- Sorting mail
- Light assembly or manufacturing tasks
- Employee’s regular job duties with the assistance of a workstation modification

“Job sharing” – specific tasks that exceed restrictions are shared with other employees

- Employee is paired with another employee, with tasks that exceed restrictions performed (or assisted) by the non-injured employee, and if possible, tasks that are within restrictions traded to the injured employee.
- Same as above, but job sharing is rotated among one than one employee, for instance a different employee each day of the week.
- Entire jobs are rotated among employees, thereby reducing the amount of time the injured employee spends doing more strenuous tasks (assuming this time period is within the employee’s restrictions).

Job Modification

Examples:

Job modification – regular job of the injured employee is modified to meet restrictions.

- Employee’s workstation is modified, such as by providing material handling aids, adjustment of height and/or reach distances, assembly fixtures, power tools, ergonomically designed tools, modification to a sitting workstation, etc. It is often found that these workstation modifications can reduce injuries and improve productivity for all employees.
- Employee’s work hours are reduced, for instance working half days or taking additional breaks, and if necessary sharing their job with a part time or temporary employee.

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✓ Employer Responsibilities

Managers, supervisors, the return-to-work coordinator and _____ (Company Name) leadership are responsible for assuring that:

- Anyone who is injured receives prompt medical attention.
- They contact the injured employee on a regular basis.
- The return-to-work coordinator is made aware of all injuries and illnesses.
- The return-to-work coordinator has assistance needed to develop a list of transitional duty jobs that employees with medical work restrictions can perform.
- There is a positive work atmosphere and environment where the returning employee feels welcome.
- Anyone returning to work does their job (or an alternate job) within limitations established by the physician and agrees to accommodate the work restrictions ([Attachment 9: Employee And Supervisor Work Restriction Acknowledgment](#)).



✓ Employee Responsibilities

All employees play a critical role in the success of the Return to Work program. They have the best understanding of the requirements of their jobs.

All employees of _____ (Company Name) will:

- Report all injuries and illnesses immediately.
- Follow all _____ (Company Name) protocols for safety and health.
- Assist the return-to-work coordinator in completing necessary forms.
- Stay in touch with the return-to-work coordinator on a regular basis if they become injured.
- Follow the physician's directives, never working beyond medical restrictions.
- Take part in the Return to Work training that is provided by the return-to-work coordinator.



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----- (Company Name) will assure that prompt medical attention is provided to anyone who is injured. In the event of serious injuries, it is recommended the employee's supervisor should accompany them to their initial medical treatment.

Each case will be managed carefully, with the goal of bringing the employee back to work as soon as they are physically able, without aggravating the injury or illness. Providers in Preferred Employers medical provider network (MPN) should be utilized.

The return-to-work coordinator will ensure the steps in [Attachment 4: The Return to Work Checklist](#) are followed and documented.

The physician is responsible for establishing work restrictions, if any, and documenting them in [Attachment 7: Attending Physician's Report: Return To Work Recommendations](#).

----- (Company Name) will provide transitional work assignments that are within the restrictions established by the physician. Removal from work will be avoided whenever possible.

The return-to-work coordinator will take a proactive approach to providing the physician with the following information once an injury occurs:

- The injured employee's job title and job responsibilities.
- A list of alternate or modified transitional duty jobs that could be performed.
- [Attachment 7: Attending Physician's Report: Return to Work Recommendations](#) form or state equivalent. (The employee should be asked, if possible, to bring this form with them when they receive medical treatment.)

The medical provider or treating physician may tour ----- (Company Name) to become familiar with the physical requirements of the jobs being performed, and to be better able to recommend transitional duty assignments for injured or ill employees.

Once medical treatment has been provided, the return-to-work coordinator should obtain the following from the treating physician:

- Jobs or work assignments the employee is capable of performing.
- Tasks that the employee is restricted from performing.
- Length of time restrictions are recommended to be in place.
- A treatment schedule that includes dates for any follow-up treatment(s) and/or physical therapy/rehabilitation.
- Written acknowledgment the physician has explained restrictions to the employee, and provided the employee with a copy.
- Estimated date the employee should be able to return to normal duties.



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The injured employee must be monitored to ensure they work within the restrictions recommended by the treating physician. Employees may feel well enough to return to their regular responsibilities, but can risk further injury or could prolong the length of transitional duty by doing so. If the employee wishes to exceed physical restrictions, a release must be obtained from the physician.

Prompt notification to Preferred Employers Insurance

The return-to-work coordinator will make sure the employer's first report of injury form is completely filled out, and that contact is made with Preferred Employers Claims Department, ideally the same day, but no more than 24 hours after the injury or illness. The return-to-work coordinator should immediately contact the Preferred Employers Claims Department if the injury or illness is severe.

To report a workplace injury:

- Call Preferred Employers Insurance 24/7 toll free number at 888-472-9001
- Fax the report to 866-921-7313
- or file a report online at: www.peiwc.com.
- Access our Digital Claims Kit for additional resources at preferredresourcecenter.com.

As soon as the employee has been authorized to Return to Work, a written offer of an alternate job, or their regular job with restrictions, should be made. The offer should be sent by certified return receipt mail or with tracking and signature required, to document that the employee has received it. The letter should describe the specific aspects of the restricted assignment. A copy of the job offer should be sent to Preferred Employers.

Before the employee resumes work the return-to-work coordinator should review the employee's work restrictions with the employee and the employee's supervisor.

On each doctor visit made by the employee during the period of work restriction, the employee should ask the physician to fill out the Attending Physician's Report: Return to Work recommendations or state equivalent form.

The employee's work activities should be monitored to assure work restrictions are not exceeded.



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Attachment 4: Return to Work Checklist

Instructions: If the injured employee returns to work and there is no lost time, use lines 1-11. If there is lost time and the employee is not able to Return to Work right away, also complete lines 12-17.

Employee Name: _____

Date of Injury: _____

		Date
1. Employee received prompt medical attention		
3. Injury reported to Preferred Employers within 24 hours (Phone: 888-472-9001, Fax: 866-921-7313, or online at www.peiwc.com)		
4. If employee was transported to hospital, Preferred Employers was called immediately		
5. Blank form: "Attending physician's report: Return to Work recommendations" sent to physician		
6. List of transitional duty jobs sent to physician		
7. Employee contacted employer immediately after examination to discuss outcome of exam, any restrictions or transitional work required		
8. Restrictions obtained from physician within 48 hours of examination		
9. Preferred Employers Claim Representative notified of any restrictions, and date employee is able to return to work		
10. Supervisor advised of any work restrictions and availability		
11. Employee monitored to assure work restrictions are not exceeded		



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Attachment 4: Return to Work Checklist

If employee is not returning to work right away:

		Date
12. Employee sent get well card		
13. Employee regularly contacted in person or by phone by return-to-work coordinator		
14. Employee regularly contacted in person or by phone by employee's supervisor		
15. The Preferred Employers Claims Representative contacted whenever an update is received from physician on medical status		
16. Transitional duty offer letter sent upon receipt of physician clearance		
17. Employee returns to work and restrictions, if any, are explained. "Work Restriction acknowledgment" form is signed by employee and supervisor.		



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Attachment 5: Employee Contact Log

Instructions: The employee should receive a phone call and/or visit at least once per week, from the return-to-work coordinator or the employee's supervisor, until they return to work. The purpose of this call is to see how their treatment is progressing and to see if they need any assistance from their supervisor or the return-to-work coordinator. Keeping in contact with the employee will also assist in reducing the chance of litigation. Use additional pages as needed.

Employee Name: _____

Date of Injury: _____

Notes: Date/time of contact::
Notes: Date/time of contact::
Notes: Date/time of contact::
Notes: Date/time of contact::
Notes: Date/time of contact::
Notes: Date/time of contact::
Notes: Date/time of contact::
Notes: Date/time of contact::



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Attachment 6: Sample Letter to Physician

Instructions: Send this letter to the treating physician. Attach a blank copy of the “Attending physician’s report: Return to Work recommendations” or state equivalent form. Also attach a description of the available transitional duty tasks.

_____ (Date)

_____ (Name of physician)

_____ (Address 1)

_____ (Address 2)

_____ (City, State, Zip)

RE: Return to Work program

Dear _____ (Name of physician):

We have implemented a Return to Work program at our company, designed to bring employees back to work as soon as they are physically able, to perform work that is meaningful, without aggravating their injury or illness.

Please complete the attached “Attending Physician’s Report: Return to Work recommendations” form and fax it to _____ (Return-to-work coordinator’s fax number).

To assist you in completing the Return to Work form, attached is a list of transitional duty tasks that are currently available.

If you have questions, please call me at _____ (Return-to-work coordinator’s phone number).

Sincerely,

_____ (Name of return-to-work coordinator)

Return-to-Work coordinator

_____ (Company Name)

_____ (Address 1)

_____ (Address 2)

_____ (City, State, Zip)

[Attachments]



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Attachment 7: Attending Physician's Report: Return To Work Recommendations

Patient's last name	First	MI	Date of injury																								
The following to be completed by the physician																											
Diagnosis/condition:																											
I saw and treated this patient on _____ (date) and based on the above diagnosis/condition: <ul style="list-style-type: none"> <input type="radio"/> The patient may Return to Work with no limitation on _____ (date) <input type="radio"/> The patient may Return to Work on (date) with the following restrictions: 																											
Frequency Key: The following abbreviations denote the frequency an activity is performed daily. NEVER = 0 hours OCCASIONALLY = up to 3 hours FREQUENTLY = 3-6 hours CONSTANTLY = 6-8+ hours																											
What type of work does the patient do (check all that apply): <ul style="list-style-type: none"> <input type="radio"/> Sedentary work. Occasionally lifting 10 pounds maximum, with frequent lifting and/or carrying of lighter objects such as file folders, laptop computers and small tools. Although a sedentary job is generally considered one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met. 	A. In an eight hour work day patient may: <p>Stand/walk: <input type="radio"/> None <input type="radio"/> 1-3 hours <input type="radio"/> 3-5 hours <input type="radio"/> 5-8 hours</p> <p>Sit: <input type="radio"/> 1-3 hours <input type="radio"/> 3-5 hours <input type="radio"/> 5-8 hours</p> <p>Drive: <input type="radio"/> None <input type="radio"/> 1-3 hours <input type="radio"/> 3-5 hours <input type="radio"/> 5-8 hours</p>																										
<ul style="list-style-type: none"> <input type="radio"/> Light work. Occasionally lifting 20 pounds maximum, with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arm and/or leg controls. 	B. Patient may use hand(s) for repetitive: <ul style="list-style-type: none"> <input type="radio"/> Single grasping <input type="radio"/> Pushing and pulling <input type="radio"/> Fine manipulation C. Patient may use foot/feet for repetitive movement as in operating foot controls: <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No 																										
<ul style="list-style-type: none"> <input type="radio"/> Light-medium work. Occasionally lifting 30 pounds maximum, with frequent lifting and/or carrying of object weighing up to 20 pounds. 	D. Patient may: <table style="margin-left: 40px; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Not at all</th> <th style="text-align: center;">Occasionally</th> <th style="text-align: center;">Frequently</th> </tr> </thead> <tbody> <tr> <td>Bend</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Twist</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Squat</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Climb</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>Reach</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>				Not at all	Occasionally	Frequently	Bend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Twist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Squat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Climb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Reach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Climb	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																								
Reach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																								
<ul style="list-style-type: none"> <input type="radio"/> Medium work. Occasionally lifting 50 pounds maximum, with frequent lifting and/or carrying of objects weighing up to 25 pounds. 																											
<ul style="list-style-type: none"> <input type="radio"/> Heavy work. Occasionally lifting 100 pounds maximum, with frequent lifting and/or carrying of objects weighing up to 50 pounds. 																											
Physician's Signature	Date																										

Attachment 8: Sample Letter to Employee – Offer of Temporary Work Assignment

Instructions: This is a sample letter to the injured or ill employee, that should be sent after the physician's evaluation is received, clearing the employee to Return to Work to perform transitional duty.

Send by U.S. mail certified return receipt, or with tracking and signature required.

_____ (Date)

_____ (Name of employee)

_____ (Address 1)

_____ (Address 2)

_____ (City, State, Zip)

Dear _____ (Name of employee):

Dr. _____ (Name of physician) has released you to return to transitional duty, and there is work available that falls within your restrictions.

Please report to _____ (Name of Supervisor of Transitional Duty Work) on _____ (Date) at _____ (Time).

Everyone is looking forward to seeing you back at work.

If you have any questions, please call me at _____ (Phone Number).

Sincerely,

_____ (Name of return-to-work coordinator)

Return-to-Work coordinator

_____ (Company Name)

_____ (Address 1)

_____ (Address 2)

_____ (City, State, Zip)



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Attachment 9: Employee And Supervisor Work Restriction Acknowledgment

Instructions: Once the employee is released by the physician to return to transitional duty, the employee and supervisor should complete this form. Provide copies to the injured worker and their supervisor.

Re: Attending physician's report: Return to Work recommendations

Employee

I understand, take responsibility for, and acknowledge the limitations placed on me by Dr. _____, in the attending physician report dated _____ while I participate in the Return to Work program.

Employee's Name: _____

Employee's Signature _____

Date _____

Supervisor

I have read and understand the temporary limitations dated _____ that have been placed on this employee.

Supervisor's Name: _____

Supervisor's Signature _____

Date _____



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