

Sample return-to-work policy

This is a sample policy provided by SAIF as a service to its policyholders. Not all provisions may be applicable to your business. Before adopting any of this return-to-work policy, you should obtain legal counsel and advice.

(Company Name)

RETURN-TO-WORK: SAMPLE POLICY

Note: This document is not designed as a substitute for reasonable accommodation under any applicable federal or state laws, such as Americans with Disabilities Act, The Rehabilitation Act of 1973, or other applicable laws.

To preserve the ability to meet company needs under changing conditions, this company reserves the right to revoke, change, or supplement guidelines at any time with written notice. The policies and procedures in this return-to-work program are not intended to be contractual commitments and they shall not be construed as such by our employees. This policy is not intended as a guarantee of continuity of benefits or rights. No permanent employment for any term is intended or can be implied by this policy.

Objectives

(Company Name) has developed a return-to-work policy. Its purpose is to return workers to employment at the earliest date following any injury or illness. We desire to speed recovery from injury or illness and reduce insurance costs. This policy applies to all workers and will be followed whenever appropriate.

(Company Name) defines "transitional" work as temporary modified work assignments within the worker's physical abilities, knowledge, and skills.

Where feasible, transitional positions will be made available to injured employees in order to minimize or eliminate time loss.

For any business reason, at any time, we may elect to change the working shift of any employee based on the business needs of this company.

[This is optional language that may be included depending upon your business need.]

The physical requirements of transitional/temporary work will be provided to the attending physician. Transitional/temporary positions are then developed with consideration of the worker's physical abilities, the business needs of (Company Name), and the availability of transitional work.

In case of an on-the-job accident

If you have a work-related injury and are missing time from work, contact our Human Resources or Personnel Department or SAIF Corporation for details regarding time loss.

Transitional temporary work assignment

(Company Name) will determine appropriate work hours, shifts, duration, and locations of all work assignments. (Company Name) reserves the right to determine the availability, appropriateness, and continuation of all transitional assignments and job offers.

Communication

It is the responsibility of the worker and/or supervisor to immediately notify Personnel of any changes concerning a transitional/temporary work assignment. Personnel will then communicate with the insurance carrier and attending physician as applicable.

Employee responsibilities

Accident reporting

- An accident is any unplanned event that disrupts normal work activities and may or may not result in injury or property damage. All work-related accidents, injuries, and near misses must be reported immediately to Personnel.
- If an accident occurs, but **does not** require professional medical treatment, the supervisor should immediately be informed so that an accident analysis can be completed. If first-aid treatment is needed, it should be sought on-site.
- If an accident occurs which **requires professional medical treatment**, the worker should follow the emergency response plan. The worker must fill out a workers' compensation **801** form as soon as possible.

Worker's physical condition

- If professional medical treatment is sought, the worker should inform the attending physician that (**Company Name**) has a return-to-work program with light duty/modified assignments available.
- The worker should obtain a **Release to Return-to-Work** form and/or a completed **Job Description** form (if available) from Personnel. This should be provided to the treating physician and should be returned to Personnel following the initial medical treatment.

Worker able to return to work

- If the attending physician releases the worker to return to work, as evidenced by completion of a **Release to Return-to-Work** form and/or a **Job Description Form**, the form(s) must be returned to Personnel within 24 hours for assignment of light duty/modified work. The worker must report for work at the designated time.
- The **worker cannot return to work without a release** from the attending physician.
- If the worker returns to a transitional/temporary job, the worker must make sure that he or she does not go beyond either the duties of the job or the physician's restrictions. If the worker's restrictions change at any time, he or she must notify his or her supervisor at once and give the supervisor a copy of the new medical release.

Worker unable to return to work

- If the worker is unable to report for any kind of work, the worker must call in at least weekly to report medical status.
- While off work, it is the responsibility of the worker to supply Personnel with a current telephone number (listed or unlisted) and an address where the worker can be reached.
- The worker will notify Personnel within 24 hours of all changes in medical condition.

Employer responsibilities

Accident reporting

- The supervisor will conduct an accident analysis on all accidents, regardless of whether an injury occurs.
- When an accident occurs which results in injury requiring **professional medical treatment**, Personnel will forward a completed workers' compensation **801** form to the insurance carrier within five (5) calendar days of knowledge of the injury or illness.
- Other information will be forwarded as soon as developed, including:
 - Name of worker's attending physician
 - Completed **Release to Return-to-Work Form** from attending physician and medical documentation, if appropriate
 - Completed transitional/modified or regular **Job Description**
 - **Job Offer** letter and responses
- The supervisor will notify the insurance carrier of any changes in the worker's medical or work status as soon as possible.

Medical treatment and temporary/transitional duty physical condition

- A **Release to Return-to-Work** form and/or a completed **Job Description** form (if available) will be provided to the worker to take to the attending physician for completion and/or approval.
- At the time of first medical treatment the **Release to Return-to-Work** form must be completed and returned to Personnel. If one is not, Personnel will request one from the attending physician.
- The completed **Release to Return-to-Work** form will be reviewed by Personnel. A temporary/transitional **Job Description** form may be prepared from information obtained from the attending physician for review and approval.

Job offer letter

- Upon receipt of a signed temporary/transitional **Job Description** form from the attending physician, a written **Job Offer** letter will be prepared by the employer. It will be mailed by both regular and certified mail to the worker's last known address or presented to the worker.
- The letter will note the doctor's approval and will explain the job duties, report date, wage, hours, report time duration of transitional work assignment, phone number, and location of the transitional assignment.
- The worker will be asked to sign the bottom of the **Job Offer** letter indicating acceptance or refusal of the offered work assignment.
- Copies of the **Job Description**, **Work Releases**, and **Job Offer** letters will be forwarded to the insurance carrier.

Supervisor

- The supervisor will monitor the worker's performance to ensure the worker does not exceed the worker's physician release.
- The supervisor will monitor the worker's recovery progress through regular contact to assess when and how often duties may be changed. The supervisor will assess the company's ability to adjust work assignments upon receipt of changes in physical capacities.

Worker acknowledgment

- The return-to-work policy and procedures have been explained to me.
- I have read and fully understand all procedures and responsibilities.
- I agree to observe and follow these procedures.
- I have received a copy of this policy and procedure.
- I understand failure to follow these procedures may affect my re-employment, reinstatement, and vocational assistance rights.

Worker signature**Date**