

**MODIFIED DUTY RETURN TO WORK PROGRAM**

**OBJECTIVE:**

The objective of the Return to Work Program is to establish policy and responsibilities for the Trinity County's personnel who have had their work related activities restricted by a physician because of an illness or injury. The intent of this program is to provide meaningful and useful employment to employee's whose activities are restricted, thus providing a benefit to both the employee and the County.

**DEFINITIONS:**

Modified duty assignment: A temporary job assignment other than the employee's regular and customary duties, such as modification of regular and customary duties or assignment to alternative work tasks. Assignment may be made to another department.

Work restrictions: :A limitation or restriction of work duties as determined by the employee's treating or evaluating physician.

Treating physician: A physician licensed by the State of California and designated as the physician of record for treatment of the injured worker/

Employee: An individual who holds permanent or probationary status, and is currently employed by the County.

**APPLICABILITY:**

The Modified Duty Return to Work Program will apply to any illness or injury, both work related and non work related. The Modified Duty assignments are intended to be temporary in nature and shall be based upon the employee's medical restrictions and the employer's needs.

**DURATION:**

Modified duty assignment is not permanent placement and will not exceed 30 calendar days for the initial placement and will not exceed a total period of 90 calendar days with the County Administrative Officer's approval. Modified duty will be terminated upon the employee being declared as having a permanent and stationary condition which prevents the employee from performing his or her regular duties or is released by the treating physician to return to full unrestricted duty.

**ELIGIBILITY:**

Approval for an employee to return to work must be granted by Risk Management and the Department for which the employee is being considered for placement. Approvals shall be based on the needs of the County and the employees ability to perform the duties of the assignment, within the restrictions imposed by the treating or evaluating physician, without aggravating the existing injury or illness.

**SICK LEAVE:**

Eligibility for sick leave may be determined by the physician's recommendations for modified duty assignment.

Any employee who fails or refuses to work at a modified duty assignment approved by his or her physician shall be ineligible for sick leave benefits.

**SALARY/BENEFITS:**

An employee assigned to modified duties will be paid his or her regular salary and benefits, during the modified duty assignment. The salary and applicable benefits will be paid by the home department.

**RESPONSIBILITIES AND PROCEDURES:**

The Risk Management Department shall:

1. Process all applications for modified duty assignments and make the assignment with the concurrent approval of the head of the department to which the employee will be assigned.
2. Coordinate with the departments and the third party administrator (TPA) for the purpose of obtaining a written release for the employee's proposed modified duty assignment.

3. Monitor modified duty assignments and maintain open lines of communication with the injured/ill worker throughout the period of modified duty.
4. Keep the employees' home department and assigned department, if applicable, informed regarding the current status of the employee.
5. Forward a copy of the Notice to Physician form to the appropriate third party administrator or insurance carrier, if applicable.
6. Maintain the confidentiality of medical records as per the Health Insurance Privacy and Accountability Act.


The Employee's Department Supervisor shall:

1. Notify Risk Management and the designated person in their department, immediately after they learn that an employee is medically precluded from performing his/her usual and customary duties.
2. Assist in developing proposed modified duty assignments.
3. Advise Risk Management and the designated person in their department of any changes in the employees status or condition.

The Employee shall:

1. Deliver to Risk Management Department and their home department a completed **Notice to Physician** form after each appointment with the treating physician.
2. Deliver to Risk Management Department and their home department an updated completed **Notice to Physician** form twenty (20) calendar days after modified duty assignment has commenced.
3. Obtain an updated complete report from his or her physician within five (5) days of a request by Risk Management.
4. If the employee is unable to perform any work, the employee shall deliver to his/her supervisor within five (5) calendar days of said disability, a written statement signed by the physician stating why the employee can not work in any capacity including a diagnoses, prognoses, and treatment plan.

Dated: 8/21/01

  
R. Berry Stewart, Chairman  
Trinity County Board of Supervisors