

Modified Duty Request Policy and Form for Non OJIs

This modified duty program was created to minimize the wages lost by the employee as a result of medical restrictions that cause the employee to become temporarily unable to perform the normal functions of their job duties. It is the expressed intent to provide modified duty within the employee's restrictions whenever possible and to facilitate the employee's full rehabilitation as rapidly as possible.

The Human Resources Manager is primarily responsible for the individual's approval into this program. If the modified duty is not approved, the Occupational Health Nurse (OHN) will notify the employee. If there is no modified duty work available, at the time of the request, the OHN will contact the employee as soon as modified duty work becomes available.

The approval of modified duty will not occur until the following is completed:

I. Notification of Restriction

- A. Human Resources or OHN will be notified that an employee has been injured and/or that the employee is requesting modified duty for a reason other than OJI.
- B. Copy of completed Treatment Report will be furnished to Human Resources or OHN immediately after treatment; if after office hours, a copy will be left in the Human Resources lock box.

Although the Treatment Report is the primary document to capture the treating physician's restrictions, the physician must also review and approve the employee's ability to perform the job duties as outlined in the "Job Description for Modified Duty" document located within this policy.

II. Identification of Modified Duty Job Assignment(s)

- A. In cases where an employee's restrictions preclude performing his pre-injury job (or particular aspect of the current job), every reasonable effort will be made to identify or create a productive job assignment which will fit within temporary restrictions as identified by the treating physician.

This modified duty may include providing intermittent assistance or relief in dealing with one or more elements of the employees "regular" (pre-injury) job.

1. Modified duty may also include arrangements for less than an eight hour work day
2. Every effort will be made to place the employee in the most productive assignment available

3. The modified duty job assignment will be made by the OHN
4. The assignment may be revised or reissued based on change in the employee's restrictions.
5. The modified duty assignment will expire 30 days after last authorization or when the employee is released without restrictions. It can be re-assigned if the employee is approved for more modified duty work.
6. The employee has an explicit responsibility not to attempt any task which may exceed their identified restrictions. Any difficulties experienced by the employee within his restrictions will be reported to OHN.
7. Any questions or controversy as to an employee being restricted from performing specific task(s) will be brought to the immediate attention of the OHN for resolution.
8. The OHN will notify all parties when the employee has been fully released for unrestricted duty.

Responsibilities/Examples of Work include but are not limited to:

CMED

- Observation

Billing

- Fold bills and put into envelopes
- Scan documents into Onbase

Front Desk

- Answer Phone
- Greet Visitors
- Sign-in Visitors
- Sign-out Visitors
- Answer Questions

HR

- Office Projects as needed – may use Excel, Word, Outlook, stuffing envelopes, making copies
- Cleaning of gym equipment

Medical Services

- Put numbers on ECG
- Scanning ECG
- Proctoring FISDAP testing

- Office Projects as needed – may use Excel, Word, Outlook

OA Office

- Checking Tickets on computer

Logistics Window

- Checking out equipment
- Checking in equipment
- Making bins

Warehouse

- Making bags/kits

These jobs require the ability to sit, stand, write, walk and actively interact with others as assigned. If for any reason the employee is unable to perform these duties their modified duty request will be denied. The treating physician must authorize the employee to perform the tasks above via the Job Description for Modified Duty available in this document.

Time Limit: Upon Approval, the Modified Duty job is effective for 30 days or until the employee’s next visit to the provider whichever comes first.

I have read and understand the terms and conditions of the Modified Duty Program. If I have questions I will ask the OHN; any differences in interpretation will be brought to the attention the Human Resources Manager.

Employee Name: _____ Date: _____

Signature: _____

MODIFIED DUTY REQUEST FORM

Employee Name/Employee Number _____

Date of Hire _____ Current Position _____

Current Supervisor _____ Today's Date _____

1. Modified Duty expected start date: _____
2. Projected end date: _____
3. Do you have all of the necessary medical documents needed? Yes • No •
4. When is your next follow up? _____
5. What are your current restrictions? _____

Please provide any additional information that might be useful in processing your modified duty request:

Signature

Date

Return this form to the OHN

OHN – Is there a modified duty job available? Yes No

Human Resources Manager - Approved Denied

Time Period – 30 Days Other _____ To Be Reviewed Again On _____

Signature _____ Date: _____