Return-to-Work Policy

Policy Contents
I. Reason for this Policy ................................................................................................................. 1
II. Statement of Policy ....................................................................................................................... 2
III. Definitions .................................................................................................................................... 2
IV. procedures .................................................................................................................................... 2
V. Related documents, forms and tools ............................................................................................ 3

1. REASON FOR THIS POLICY

The University of South Dakota’s return-to-work policy is designed to accommodate employees who sustain an injury or medical event, and a physician has determined the employee has physical limitations, which prevent them from performing their normal job. Temporary modified or alternative light duty positions are identified as positions which require less physical effort, so the employee can return-to-work. Following the guidelines from the treating physician and input from the employee, the employee can be returned to a position appropriate for their workplace restrictions. Statistically, a return-to-work program enhances both the psychological and physical healing process, shortening the time an employee is off work due to an injury or medical event. Other benefits include:

1. Employee avoids financial stress and uncertainty
2. Employee continues to be productive
3. Employee maintains connections and social relationships with co-workers
4. Reduced cost associated with worker’s compensation and overtime pay
II. STATEMENT OF POLICY

The University provides a return-to-work program for employees who sustain an injury or medical event. The University will provide a modified or light duty assignment, as available, to an employee with an approved claim, once they have been released to temporary modified/restricted work by a licensed medical professional. Placement into a light duty position is on a temporary basis and should never become permanent. Employees who are working a light duty assignment will be held to the same standards of accountability as an employee on regular duty. An employee working on a light duty assignment is to abide by the restrictions imposed by their treating physician and should not exceed those restrictions until they have been released to normal working status by their doctor. It is the responsibility of the employee to immediately inform Human Resources and their supervisor of any changes made to their work capacity while working a light duty assignment.

III. DEFINITIONS

**MEDICAL EVENT:** a medical issue under supervision of a medical professional which may result in work restrictions.

**TEMPORARY MODIFIED/LIGHT DUTY/RESTRICTED DUTY:** A work capacity given to an employee by their treating physician stating the employee is not capable of performing their regular job duties but is capable of working in a modified or restricted capacity within their normal job classification.

**REGULAR DUTY:** a work capacity given to an employee by their treating physician stating that they are capable of returning to work without restrictions or modifications to their normal job duties.

IV. PROCEDURES

An employee should immediately notify Human Resources and their supervisor once their treating physician has released them to any type of modified or restricted work. The employee must also provide a signed, written copy of the workplace restrictions given to them by the treating physician. Human Resources will coordinate with the employee’s supervisor and determine what light duty assignment is available for the employee.

Each University department will provide a list of light duty work when necessary. The light duty list must identify tasks that are not physically demanding and allows the employee to work and recover from their injury or illness. If the work restrictions are minor and do not significantly interfere with an employee’s regular duties, an agreement does not need to be completed. However, as the restrictions become more specific, the task assignment must also become more specific and defined. Every
restriction will be reviewed on an individual, case-by-case basis. Light duty should not exceed the level of responsibility of an employee’s currently held position. Light or modified duty assignments will be re-evaluated each time a physician’s return-to-work evaluation is submitted by the injured employee. Light or modified duty assignments are non-precedent setting and will be considered on an individual case-by-case basis. Every effort will be made to place the injured employee back to work.

Once a light duty assignment has been chosen, a Modified Duty Assignment Form will be completed with the employee, supervisor, and Human Resources to document the light duty job and current restrictions. The Modified Duty Assignment Form will encourage communication, eliminate misunderstandings between the restricted duty employee and their supervisor, and provide documentation of accommodating a workplace restriction.

The original Modified Duty Assignment Form will be kept in the Restricted Medical folders within Human Resources and attached to their doctor’s restriction. A copy of the Modified Duty Assignment Form will also be given to the supervisor and the employee.

Supervisors will monitor the tasks being completed by an employee working a temporary modified/restricted duty position to ensure that the employee is working within their prescribed restrictions.

V. RELATED DOCUMENTS, FORMS AND TOOLS

Modified Duty Assignment Form
Modified Duty Assignment Form

Employee: ______________ Employee #: __________ Department: _______ Date of Injury: _______

We have received your medical release form: ______________________ Date: __________
(Doctor/Facility)

We are pleased you are able to return to work. Your release form states you may return to work with the following restrictions:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________  

Your department is able to accommodate the above restrictions. Your return to work date is:
________________________________ at ____________________ AM/PM
(Date) (Time)

The description of modified duties are as follows:
_____________________________________________________________________________________
_____________________________________________________________________________________

Participants Responsibilities:

Employee:

- Work within the physical limitations set by the doctor.
- You must take primary responsibility for your own safety and abiding with your restrictions.
- Let the supervisor know if you are having difficulties with any of the tasks you must perform.
- Tell the supervisor, in advance, if you must leave work for a medical appointment.
- Ensure Humane Resources and your supervisor know of any changes in restrictions and provide a copy of the work status report from the doctor to Human Resources and your supervisor.

Human Resources and Supervisor:

- Communicate regularly with the employee regarding his/her progress.
- Monitor changes in restrictions.
- Ensure the employee works within the physical limitations set by the doctor.

We have read, fully understand and agree to the duties of this assignment.

_________________________ ____________________________
Employee Signature Date

_________________________ ____________________________
Supervisor Signature Date

_________________________ ____________________________
HR Signature Date