



# DEVELOPING A RETURN TO WORK PROGRAM

PROTECT YOUR BUSINESS



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## Disclaimer

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This booklet has been developed by Grinnell Mutual Reinsurance Company and is for informational purposes only. It was designed to provide reasonably accurate information regarding the subject matters covered. The information contained herein has been obtained from sources that we believe to be competent and reliable.

Grinnell Mutual Reinsurance Company is aware that this booklet will not fit the operations of all companies. Applicable state/federal statutes must supersede any conflicting statements made or referred to in this booklet.

Grinnell Mutual Reinsurance Company cannot be held responsible or liable for any damages, direct or indirect, which may arise, in part or in whole, from the use of this booklet or from any representation or misrepresentation contained therein. Also, it cannot be assumed that all acceptable safety and health measures are listed in this booklet.



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## **Section I – How to Develop a Return to Work Program**

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A formal Return to Work Program should be developed. A sample program that can be used as a template for creating your own written program can be found in Section II of this booklet. Every company is unique and therefore every Return to Work Program should be designed based on the needs of your company and the laws of the state your company resides in. Grinnell Mutual Reinsurance Company would recommend that prior to implementation of this program, it be reviewed by legal counsel.

A Return to Work Policy Statement should be developed and distributed to all employees outlining the company's intent with regards to the program (See Sample Return to Work Policy Statements in Appendix A). The program should then be reviewed with all employees so they understand its purpose and their role and responsibilities within the program.

### **RETURN TO WORK PROGRAM COORDINATOR**

A Return to Work Program Coordinator should be designated. Smaller organizations may need to involve several people in this role such as the company owner and/or supervisory personnel. Other examples of personnel that could take on this role include Human Resources personnel, Safety Director, Office Manager or similar positions. This person should have strong organizational and communication skills and must understand your company's benefit programs, your claims handling procedures and the company's operations, including individual job responsibilities. The RTW Program Coordinator will be the administrator of the program and will typically be the contact person between the company and Grinnell Mutual, the injured employee or their representative and medical provider(s).

### **GRINNELL MUTUAL'S CLAIMS DEPARTMENT**

Grinnell Mutual's Claims Department should be notified as soon as possible to report the incident, preferably within the first 24 hours. Notify Grinnell Mutual's Claims Department of your Return to Work Program. Written job descriptions may also need to be sent to Grinnell Mutual to assist them in determining the return to work capabilities of the injured employee.

Grinnell Mutual's Claims Department will provide guidance as to how soon the injured employee or their representative should be contacted after the incident to check on their status and to show concern for their well-being. If the injured employee is hospitalized because of the incident, a representative of the company, preferably the employees' supervisor and/or the RTW Program Coordinator should try to visit the hospital within 24 hours to show their concern and support for the employee and/or their family.

If a temporary modified duty assignment has been identified which matches the medical restrictions of the injured employee and allows the injured employee to return to work, written approval from the medical provider must be obtained. This information will be provided to the Claims Department and then communicated to the employer.

If the injured employee is going to be off work for an extended period, the RTW Program Coordinator or supervisor should attempt to remain in weekly contact with Grinnell Mutual's Claims Department. The Claims Department will provide guidance as to when the injured employee or their representative can be contacted and how often. The Employee Contact Form should be completed after each attempt at contact with the injured employee (see Appendix D). The purpose of this log is to provide the framework for regular follow-ups on the status of the injured employees' medical situation and track their progress for eventual return to work. Regular contact with the employee also lets them know the company is concerned about their well-being and that they are wanted back.

### **TEMPORARY MODIFIED DUTY ASSIGNMENTS**

Temporary modified duty assignments are not designed to be permanent resolutions to the injury/illness situation. Timeframes should be set for temporary modified duty assignments on a case-by-case basis (usually 30, 60 or 90 day intervals). Each case should be re-evaluated at least every 30 days. Extensions of temporary modified duty assignments should be offered if the employee continues to show improvements and has had medical restrictions modified.

To be able to quickly respond to a Return to Work opportunity the employer needs to complete written job descriptions and identify potential temporary modified duty assignments in their operation. The RTW Program Coordinator and supervisors should meet to develop written job descriptions for each job within the operation. The detailed job descriptions identify essential job functions and the physical and mental requirements for each job. This is a breakdown of all the essential functions of a job (stand for 2 hours, use a particular type of tool, lift certain amount of weight, etc.). These job descriptions can then be reviewed by the company, claims department and medical provider to determine return to work opportunities for injured employees. See Appendix E for instructions on how to complete a written job description.

Temporary modified duty assignments can be a modified version of the injured employee's regular job, the same job with reduced hours, or a combination of tasks from other jobs. As much as possible, the temporary modified duty assignments should be meaningful and productive and should not make the returning employee feel degraded when performing the job.

Identifying potential temporary modified duty assignments in advance can save the employer time and money when the need arises. These assignments should not be limited to one area of the operation. All departments should be evaluated for potential temporary modified duty assignments. These assignments may not be straight-forward, there may need to be some creativity to develop potential opportunities. Jobs may need to be altered or the employees' time split between different departments or jobs. The focus will still need to be on meeting the medical restrictions imposed by the medical provider on the injured employee. Some suggestions for potential temporary modified duty assignments are:

1. Part-time employment (2-6 hrs.)
2. Placement of employee in another department
3. Modify the current job to meet the medical restrictions (i.e.- employee sits down to do the job instead of standing or other workstation modifications)
4. Create a new temporary job or alternate several jobs that will accommodate the employee's medical restrictions
5. Identify opportunities where work areas are behind or jobs that you might hire someone else to do
  - Clerical work such as filing, copying, data entry
  - Taking inventory
  - Reviewing company manuals (company procedures, safety program to verify they are current)
  - Light assembly or packaging work
  - Light maintenance work (painting, landscaping, janitorial duties)
  - Quality control inspections
  - Conduct safety inspections of facility, tools, equipment, vehicles

## **MEDICAL PROVIDERS**

Medical providers can play a key role in the success of your Return to Work Program. Most states do not allow an employer to direct an injured employee to a certain medical provider. Please refer to your states law regarding this issue. However, the employer can refer an injured employee to a preferred provider that has been identified by the employer. It is then up to the employee which medical provider they want to use. Employers should attempt to identify preferred medical providers in their area. This can include physicians, hospitals and emergency rooms.

The following guidelines can be used to help evaluate potential medical providers:

- Select providers that are well-respected and enjoy a good reputation (ask other employers in your area for their recommendations).
- Have experience in treating occupational injuries.
- Is the provider a member of a hospital network or physician preferred provider organization that offers lower prices while maintaining a high standard of care?
- Has knowledge of the workers compensation process.
- Is the medical provider willing to meet with the employer and possibly visit your workplace to get a better understanding of your company's operation?
- Does the medical provider offer services such as workplace evaluations to determine potential temporary modified duty assignments?
- Express a willingness to work with your company to help control workers compensation costs.
- Have procedures in place to promptly respond to and communicate with the employer regarding return to work program issues.

## ADA AND FMLA CONCERNS

The Americans with Disabilities Act (ADA) was enacted to protect people from discrimination based on disability. The Family Medical Leave Act (FMLA) was enacted to provide job security to employees who have serious medical conditions or who must meet personal and family obligations to tend to vital needs at home.

These laws serve different purposes; however, they interrelate in a return to work context when an employee with a compensable injury also meets the criteria for protections under the ADA or the FMLA.

Employers should seek expert advice when making decisions related to any situation and obtain legal advice regarding the coordination of return to work programs, the ADA, and/or the FMLA. Consistent application of the return to work program can alleviate concerns of disparate or discriminatory treatment of employees.

## TRAINING

Training should be provided to all employees and supervisors in their roles and responsibilities within the Return to Work Program. It is very important that the employees understand that the focus of the RTW is not strictly financial. Their overall safety and health is always the primary goal for the company. However, they should understand the monetary impact injuries have on the company and the benefits of a RTW program.

### **What to do when an injured employee returns to work**

The injured employees' co-workers should be advised of any potential return to work date. The status of the injured employees' medical condition should not be discussed with others so as not to violate medical privacy issues. Co-workers should be encouraged to be welcoming and supportive when the injured employee returns to work. They should be reminded of the benefits of the return to work program and that the goal is to ease the injured employee back into the work environment until they are fully recovered.

The individual return to work plan for the injured employee will be documented (see Appendix F). This plan outlines the objectives and other specifics related to each individual temporary modified duty assignment. A weekly log could also be completed as an alternative (see Appendix G) that is used to monitor the progress of the employees return to work.

### **What to do if the injured employee obtains legal representation**

Should the injured employee obtain legal representation, the employer should continue to remain in contact with the injured employee. The employer should not discuss the pending case at all. The communication should be aimed at keeping the injured employee connected to the workplace and show employer concern. Prior to contacting the injured employee, the employer should contact their Grinnell Mutual Claims Representative for any status updates on the case and for additional guidance as to what should and should not be discussed.

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## Section II – Your Return to Work Program

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### WRITTEN PROGRAM

The goal of *(Name of Company's)* Return to Work Program is to return employees to employment at the earliest date following any injury or illness. If medical restrictions are placed upon the injured employee, temporary modified duty opportunities may be made available to assist the injured employee return to work. We have developed a Return to Work Policy Statement which has been distributed and reviewed with all employees.

*(Name of Company)* will work with the medical provider and Grinnell Mutual Reinsurance Company to ensure that the employee's return to work follows all requirements of the Americans with Disabilities Act (ADA), the Family Medical Leave Act (FMLA) and workers compensation guidelines.

*(Name of Company)* will provide temporary modified duty assignment, if possible, for a period of up to *(number of days, weeks, months)*. At the end of that time frame, each individual case will be evaluated if the injured employee still has not been medically cleared to return to normal work duties. An extension of temporary modified duty for up to *(number of days, weeks, months)* may be offered on a case-by-case basis. Any extensions of temporary modified duty will be reviewed every *(number of days, weeks, months)* thereafter if the employee shows improvement and continues to have medical restrictions modified or removed.

A reasonable attempt will be made to return the injured employee back to their original job with temporary modified duties. The Return to Work Program Coordinator and supervisor(s) will meet to discuss potential temporary modified duty assignments and this information along with job descriptions will be shared with Grinnell Mutual's Claims Department and the medical provider. If the medical restrictions do not permit the injured employee to return to their normal job, other temporary modified duties within the company may be assigned that will meet the restrictions set by the medical provider.

*(Name of Company)* reserves the right to offer temporary modified duty employees any job within the organization that meets the medical restrictions set by the medical provider. Based on the business needs of the company, *(Name of Company)* may elect to change the working shift of any employee performing temporary modified duty. Temporary modified duty employees shall not be permitted to work overtime.

If at any time, the injured employee's medical restrictions change, they must notify their supervisor or RTW Program Coordinator. A copy of the new medical release form must be forwarded to Grinnell Mutual's Claims Department.

Any employee that is medically unable to return to work must remain in contact with Grinnell Mutual's Claims Department and *(Name of Company)* to provide a medical status update as it applies to returning to work. The injured employee must be in contact with either the RTW Program Coordinator or their supervisor on a *(set timeframe, preferably weekly)* basis to update their status. Grinnell Mutual's Claims Department may ask for additional documentation from the medical provider as to why there has been no change in the injured employees' medical status as it pertains to them returning to work. Grinnell Mutual's Claims Department may ask the injured employee to visit a physician designated by Grinnell Mutual.

### RETURN TO WORK PROCEDURES

If an employee has been injured or has become ill at work, the following steps will be taken after the incident.

1. The employee's supervisor will notify the RTW Program Coordinator. *(Name of medical provider)* is *(Company's Name)* preferred medical provider. *(Company's Name)* would prefer the injured employee see our medical provider but they can choose to go to their own. In the event of a serious emergency, 911 will be called and the injured employee taken to the nearest emergency medical facility.
2. The RTW Program Coordinator will contact Grinnell Mutual Reinsurance Company's Claims Department as soon as possible to report the incident. Notify Grinnell Mutual's Claims Department of our Return to Work Program and that written job descriptions are available to assist in determining the return to work capabilities of the injured employee.
3. The injured employee's supervisor will conduct an accident investigation as soon as possible after the incident. **The Supervisor's Accident Investigation Report (GMRC 1169)** will be utilized (See Appendix B).
4. Contact the injured employee or their representative. Grinnell Mutual's Claims Department will provide guidance as to how soon the injured employee or their representative should be contacted after the incident to check on their status and to show concern for their well-being. If the injured employee is hospitalized because of the incident, a representative of the company after consultation with Grinnell Mutual's Claims Department, preferably the employees' supervisor and/or the RTW Program Coordinator should try to visit the hospital within 24 hours to show their concern and support for the employee and/or their family.

5. If a temporary modified duty assignment has been identified which matches the medical restrictions of the injured employee and allows the injured employee to return to work, written approval from the medical provider must be obtained. A **Temporary Modified Duty Assignment Letter** should be sent to the injured employee notifying them of the temporary modified duty assignment that is being offered to them (see Appendix C).
5. If the injured employee is going to be off work for an extended period, the RTW Program Coordinator or supervisor should attempt to remain in weekly contact with Grinnell Mutual's Claims Department. The **Employee Contact Form** should be completed after each attempt at contact with the injured employee (see Appendix D).
6. The injured employees' co-workers should be advised of any potential return to work date. **The status of the injured employees' medical condition should not be discussed with others so as not to violate medical privacy issues.**
7. The injured employee's supervisor will monitor the employee's weekly job progress after they have returned to work.

**Option A:**

The individual return to work plan for the injured employee will be completed on a weekly basis. This plan outlines the objectives and other specifics related to each individual temporary modified duty assignment.

**Option B:**

A weekly log will be completed to monitor the progress of the employee's return to work.

## **RETURN TO WORK RESPONSIBILITIES**

*(Name of Return to Work Program Coordinator)* is the administrator of the program and will be the contact person between the company, Grinnell Mutual's Claims Department, the injured employee and medical provider(s).

### **RETURN TO WORK PROGRAM COORDINATOR RESPONSIBILITIES**

Contact Grinnell Mutual Reinsurance within 24 hours of the injury to obtain status of employee's injury and determine if there is a timeframe for their return to work and if there will be the any work restrictions.

Present Grinnell Mutual's Claims Department a detailed job description for the injured employee which can be used to determine when the employee can return to work and if so, what restrictions they might have. Other job descriptions might be needed as a reference to determine potential temporary modified duty positions that would allow the injured employee to return to work.

Return to work opportunities for the injured employee should be reviewed with supervisory personnel and several options should be determined. These options can be presented as possibilities for temporary modified work duty based on the medical provider's assessment of the injured employee's physical capabilities.

When an injured employee has come back to work, the coordinator should follow-up with the supervisor for feedback on the injured employee's progress. This follow-up should also verify that the injured employee is receiving encouragement from their supervisor and fellow employees. The coordinator should also meet with the injured employee on a weekly basis to get an update on their status.

### **SUPERVISOR RESPONSIBILITIES**

The supervisor must follow company procedures to ensure that prompt medical attention is provided to the injured employee.

The supervisor must complete an accident investigation as soon as possible after the incident, interviewing the injured employee (if possible) and any witnesses. Determine why the accident occurred and what corrective action should be taken.

Supervisors will be part of the process in determining potential temporary modified work duty assignments.

Supervisors shall be supportive of the returning worker and encourage other employees to be supportive as well. The supervisor shall monitor the status of the returning worker in their temporary modified duty assignment and verify that they are not violating any of their medical restrictions.

## **EMPLOYEE RESPONSIBILITIES**

Any employee who is injured at work must immediately report the incident to their supervisor. Prompt reporting of injuries is critical so that proper medical attention is received. This is a key factor in controlling workers compensation costs.

The injured employee should cooperate with medical providers and insurance claims personnel.

The injured employee should stay in regular contact with Grinnell Mutual's Claims Department to provide updated information on their recovery status.

The injured employee should be available for temporary modified duty assignments that meet their medical restrictions during their recovery.

Before returning to work, the injured employee must provide a physician's medical release form.

The injured employee must comply with work restrictions during the recovery process until full medical release is given.

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## Appendix A – Sample Return to Work Policy Statements

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### STATEMENT A

*(Your Company Name)* is committed to providing a safe and healthy workplace. Prevention of work-related injuries and illnesses is a primary goal. However, workplace injuries and illnesses do occur and for that reason *(Your Company Name)* has developed a Return to Work Program.

*(Your Company Name)* is committed to providing opportunities for employees injured on the job to return to their regular job as soon as medically possible. In the event the injured employee is not capable or returning to their normal job right away, the program will provide opportunities for the employee to perform temporary modified work duties. This may include modifications of their normal job or a temporary job reassignment where the duties match the medical restrictions that have been placed on the injured employee.

*(Signature of Company President/CEO)*

*(Date)*

### STATEMENT B

*(Your company name)* will make every reasonable effort to provide suitable return to work opportunities for every employee who is unable to perform his/her regular duties following a work-related injury or illness. This may include modifying the employee's regular job or, if available, providing temporary modified duty depending on the employee's physical abilities.

Only work that is considered productive and meaningful to the business shall be considered. Any recovering employee who is offered a physician-approved, temporary modified duty position will be required to accept the offer.

*(Signature of Company President/CEO)*

*(Date)*

### STATEMENT C

*(Your Company Name)* believes the best way to control the costs associated with accidents is to prevent them from happening in the first place. *(Your Company Name)* is committed to providing a safe and healthful workplace for all our employees. When an accident does occur, it is to the benefit of everyone in the company that the situation be properly managed. *(Your Company Name)* understands that our employees are our greatest asset and we have developed a Return to Work Program that will help manage employee injuries and illnesses. The goal of the Return to Work Program is to return injured employees to work as soon as is medically possible.

For the Return to Work Program to be successful, everyone needs to understand their responsibilities in the program.

Supervisors shall:

- Arrange for prompt first aid and medical attention for injured employees.
- Conduct an accident investigation as soon as possible after the accident.
- Assist with evaluating temporary modified work duty opportunities.
- Be supportive of the returning worker and monitoring their progress when they return.

Employees shall:

- Report all injuries to your supervisor immediately.
- Cooperate with medical providers and insurance claims personnel.
- Maintain contact with the company regarding your recovery status.
- Be available for temporary modified duty assignments that meet your medical restrictions during recovery.
- Before returning to work, provide physician's medical release form(s).
- Comply with work restrictions during the recovery process until full medical release has been given.

Our employee's well-being is our main goal, however, if an employee is injured, we would like them to return to work as soon as is medically possible.

*(Signature of Company President/CEO)*

*(Date)*

## STATEMENT D

The goal at *(Your Company Name)* is to return our employees to productive work as soon as is medically possible following a work-related injury or illness. We consider our employees to be our most valuable asset. We believe that an early return to work program will help in the employees' rehabilitation process.

Our Return to Work Program goes into effect immediately following a reported injury or illness. This success of this program will rely on the cooperation from the company, the Return to Work Program Coordinator, the employee's supervisor, the medical provider, the insurance company and the employee.

Before the employee returns to work, the medical provider will be required to provide a medical release form and specific guidelines about the employee's medical restrictions. Prior to this, the medical provider will be given a copy of the employee's job description and will be informed that temporary modified duty assignments will be available to help the employee return to work. The supervisor or Return to Work Program Coordinator will maintain a Return to Work Plan to track the employees' weekly status. The employee must comply with the medical restrictions that have been imposed on them by their medical provider.

We will make every attempt to return injured employees to their original job, including making modifications to that job. However, it may be necessary to assign the employee to another department or shift. The supervisor of that department or shift will be made aware of the temporary modified duty assignment and their responsibilities.

Ongoing communication between all parties involved in the Return to Work Program is essential to its success. The employee is encouraged to communicate any problems or concerns with their supervisor.

*(Signature of Company President/CEO)*

*(Date)*

## Appendix B – Supervisor’s Accident Investigation Report

*(Completed by Supervisor of Injured Employee)*

<b>Company</b>		<b>Address</b>	
<b>Name of Injured Employee</b>		<b>Dept</b>	<b>Position</b>
		<b>How long in position?</b>	
<b>Date of Accident</b>	<b>Time of Accident</b>		<b>Nature of Injury</b>
<b>Injury Resulted in:</b> <input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> Property Damage (specify)			
<b>Medical Treatment</b>			<b>Days Lost Time?</b>
<input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> EMT or Paramedic <input type="checkbox"/> Doctor or Clinic <input type="checkbox"/> Hospital			
<b>Drug Tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Alcohol Tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>What was the injured employee doing at the time of the accident?</b>			
<b>How did the accident occur (brief description)?</b>			
<b>What environmental factors (unsafe conditions) contributed to the accident? (See next page for examples)</b>			
<b>What behavioral factors (unsafe acts) contributed to the accident? (See next page for examples)</b>			
<b>What corrective actions can be taken to prevent recurrence? (See next page for examples)</b>			
<b>What corrective actions have been taken to prevent recurrence?</b>			
<b>Names of Witnesses</b>			
<b>Supervisor</b>	<b>Date</b>	<b>Reviewed by:</b>	<b>Date</b>

**Supplemental Information for completing the Accident Investigation Report**

Note: Each accident will involve at least one of the following conditions as a contributing factor.

<b>Environmental Factors (Unsafe Conditions)</b>		
<b>Conditions</b>	<b>Definition of Condition</b>	<b>Suggested Corrective Action</b>
Unsafe procedures	<i>Hazardous Process. Management failed to make adequate plans for safety.</i>	<b>A.</b> Formulation of safe working procedures
Improperly guarded	<i>Work areas, machines, or equipment that are unguarded or inadequately guarded.</i>	<b>A.</b> Inspection <b>B.</b> Checking plans, blueprints, purchase orders, contracts, and materials for safety <b>C.</b> Include guards in original design, order, and contract <b>D.</b> Provide guards for existing hazards
Defective through use	<i>Buildings, machines, or equipment that have become rough, slippery, sharp edged, worn, cracked, broken, or otherwise defective through use or abuse.</i>	<b>A.</b> Inspection <b>B.</b> Proper Maintenance
Defective through design	<i>Failure to provide for safety in the design, construction, and installation of buildings, machinery, and equipment. Too large, too small, not strong enough.</i>	<b>A.</b> Source of supply must be reliable <b>B.</b> Checking plans, blueprints, purchase orders, contracts, and materials for safety <b>C.</b> Correction of defects
Unsafe clothing or personal protective equipment	<i>Management's failure to provide or specify the use of goggles, respirators, safety shoes, hard hats, and other articles of safe dress or apparel.</i>	<b>A.</b> Provide safe apparel or personal protective equipment. <b>B.</b> Specify the use or non-use of certain apparel or protective equipment on certain jobs.
Unsafe housekeeping facilities	<i>Unsuitable layout or lack of equipment necessary for good housekeeping (i.e. shelves, boxes, bins, aisle markers, etc.)</i>	<b>A.</b> Provide suitable layout and equipment necessary for good housekeeping.
Improper ventilation	<i>Poorly or not ventilated area</i>	<b>A.</b> Improve ventilation
Improper illumination	<i>Poorly or not illuminated area</i>	<b>A.</b> Improve illumination

<b>Behavioral Factors (Unsafe Acts)</b>		
<b>Factor</b>	<b>Definition of Factor</b>	<b>Suggested Corrective Action</b>
Lack of knowledge or skill	<i>Unaware of safe practice; Unskilled. Not properly instructed or trained.</i>	<b>A.</b> Job training <b>B.</b> Improved hiring practices
Improper attitude	<i>Worker was properly trained and instructed, but failed to follow instructions.</i>	<b>A.</b> Supervision <b>B.</b> Discipline <b>C.</b> Improved hiring practices
Physical Deficiencies	<i>Worker has impaired eyesight or hearing, heart trouble, hernia, previous injuries, etc.</i>	<b>A.</b> Pre-employment physicals <b>B.</b> Periodic physicals <b>C.</b> Proper placement of workers <b>D.</b> Identification of workers with temporary physical deficiencies
Substance Abuse	<i>Worker was under the influence of (illegal or prescribed) drugs or alcohol while completing task</i>	<b>A.</b> Drug-Free Workplace Policy with drug/alcohol testing <b>B.</b> Discipline <b>C.</b> Rehabilitation

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## Appendix C – Offer of Temporary Modified Duty Assignment Letter

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To the Employer:

An offer of temporary modified duty must be made in writing (an offer can be made by phone but still should be followed up with a letter) and must clearly state the following even if it is the same as the employee's regular position:

1. The location at which the employee will be working;
2. The schedule the employee will be working;
3. A description of the physical and time requirements that the position will entail; and
4. A statement that the employer will only assign tasks consistent with the employee's physical abilities, knowledge, and skills and will provide training if necessary.
5. Letter should appear on company letterhead.

***Please consider the following items when evaluating whether an offer of temporary modified duty is bona fide:***

1. The work location is geographically accessible given physical limitations, distance, and availability of transportation;
2. The offered schedule is similar to the pre-injury work schedule
3. The physical and time requirements are consistent with the doctor's certification of the employee's work abilities; and
4. The manner in which the offer was made to the employee.

Employment is "geographically accessible" to the injured employee if it is within a reasonable distance from the employee residence unless the employee proves with medical evidence that their physical condition precludes traveling that distance.

If the employee is released to work with restrictions by a doctor but refuses to accept the work, income benefits may be suspended based on offered wages.

The following two pages contain a sample letter for an Offer of a Temporary Modified Duty Assignment and sample instructions that should be sent along with the letter.

### **OFFER OF TEMPORARY MODIFIED DUTY ASSIGNMENT TO THE EMPLOYEE**

Dear (*employee name*):

PLEASE FOLLOW THE INSTRUCTIONS BELOW:

1. Read the attached letter carefully. If this letter is not clear please contact our office immediately for clarification.
2. Please check the appropriate space below indicating acceptance or denial of the offer of employment.
3. Sign and date the form.
4. Return the letter immediately. A phone call may be made to accept or not accept the position. Refusal to accept the temporary modified duty assignment offer may affect your temporary income benefits.

**SAMPLE LETTER MAKING AN OFFER FOR A TEMPORARY MODIFIED DUTY ASSIGNMENT**

*(Date)*

*(Employee name)*

*(Address)*

*(City, State, Zip Code)*

Re: Offer of a Temporary Modified Duty Assignment

Dear *(Employee name)*:

It is *(Company's Name)* policy to return employees to productive work as early as medically possible during their recovery. Your treating medical care provider has agreed that you can return to work to perform the following temporary modified duty assignment: *(List name of Temporary Modified Duty Assignment)*.

This assignment is within your capabilities as described by your doctor. You will only be assigned tasks consistent with your physical abilities, skills and knowledge. If any training is required to do this assignment, it will be provided.

You are to report to *(Return to Work Program Coordinator or Supervisor's Name)* on *(Date and Time)*.

This job offer will remain open for seven (7) calendar days from your receipt of this letter. If you do not respond within seven (7) calendar days, we will presume you have refused this offer. Refusing this offer may impact your income benefits.

We look forward to your return. If you have any questions, please do not hesitate to contact me *(include phone number or email address)*.

Sincerely,

*(Signature)*

*(Typed name and title)*

**EMPLOYEE:**

\_\_\_\_\_ I have read and understand the requirements of the position and accept the position.

\_\_\_\_\_ I have read and understand the requirements of the position but do NOT accept the position.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed

cc: Medical Care Provider  
Grinnell Mutual Reinsurance, Claims Department

## Appendix D – Employee Contact Form

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Follow the steps below to obtain necessary information when an employee has sustained a work-related injury or illness. Initial contact should be made with Grinnell Mutual's Claims Department. Coordinate with the Claims Department to determine the timeframe to make contact with the injured employee or their representative and how often those contact attempts should be made.

Employee's Name \_\_\_\_\_

Date of Injury \_\_\_\_\_

Employee's Phone # \_\_\_\_\_

Employee's Email \_\_\_\_\_

### **Week 1**

1. Report claim to Grinnell Mutual Reinsurance Co.
2. Contact employee.
  - a. Date of employee contact, method/location: \_\_\_\_\_
  - b. Medical Providers Name: \_\_\_\_\_
  - c. Doctor's Phone Number: \_\_\_\_\_
  - d. Return to Work Target Date (if given): \_\_\_\_\_
  - e. Next scheduled medical appointment (if given): \_\_\_\_\_

### **Week 2**

1. Date(s) attempted contact with employee, method and was contact made:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Return to work temporary modified duty now available based on medical restrictions?  
 Yes     No
3. Return to work target date: \_\_\_\_\_
4. If employee has returned to medical provider, contact Grinnell Mutual for a status update:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Week**

1. Date(s) attempted contact with employee, method and was contact made:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Return to work temporary modified duty now available based on medical restrictions?  
 Yes     No
3. Return to work target date: \_\_\_\_\_

4. If employee has returned to medical provider, contact Grinnell Mutual for a status update:

---

---

---

---

**Week**

1. Date(s) attempted contact with employee, method and was contact made:

---

---

---

---

2. Return to work temporary modified duty now available based on medical restrictions?

Yes     No

3. Return to work target date: \_\_\_\_\_

4. If employee has returned to medical provider, contact Grinnell Mutual for a status update:

---

---

---

---

**Week**

2. Date(s) attempted contact with employee, method and was contact made:

---

---

---

---

2. Return to work temporary modified duty now available based on medical restrictions?

Yes     No

3. Return to work target date: \_\_\_\_\_

4. If employee has returned to medical provider, contact Grinnell Mutual for a status update:

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After each 30 days (4 weeks) the RTW Program Coordinator should contact Grinnell Mutual's Claims Department for additional information on the injured employee's status. After this consultation the RTW Program Coordinator and the injured employees' supervisor should meet to discuss the status of the case. If the injured employee is back to work in a temporary modified duty assignment, the discussion should focus on how the employee is progressing and what are the possibilities of expanding the employees duties (based on medical provider evaluation) if they are still not cleared for regular duty.

## Appendix E – How to Write a Job Description

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**Job Title** – List the name of job and the location (if necessary), the hourly requirements (i.e. - 40 hrs a week, possible overtime), the name of the department and the supervisor.

**Purpose of Job** – Focus on the outcome of the job (rather than individual processes – that will come later in the Jobs Functions & Duties section). What are the requirements and expectations for this job? Why does this job exist?

**Education & Work Experience** – What experience level is required? Any licenses or certifications necessary, required training needed and any other qualifications?

**Skill Requirements** – What skills are required to meet the job functions listed below? Are there mandatory skills versus preferred skills? It is good to differentiate between the two. Are these technical, social, basic education skills, etc.? What knowledge is necessary to be able to do this specific job? Any specific tools or equipment this person must know how to use/operate?

**Job Functions & Duties** – How is the job accomplished? Break down the job into all of its component parts – what is done, how often, physical demands of the job, what tools/equipment will be used, what is the work environment, etc. Be as specific as possible.

The Department of Labor has many sample job descriptions. Please refer to their website information located in Appendix H.

**RESERVED FOR FUTURE USE**

## Appendix F – Return to Work Plan

Employee:	Department:
Claim Number:	Date of Injury:
Injury Details:	
Plan Start Date:	Plan Finish Date:
Medical Restrictions:	
Physician Name:	Phone Number:
Date Contacted:	Method of Contact:
Employees Functional Capabilities (what they can do):	
Return to Work Objective (place X in appropriate box)	
<input type="checkbox"/> Pre-Injury Job	<input type="checkbox"/> Return to Alternate Job
<input type="checkbox"/> Pre-Injury Job with Accommodations	<input type="checkbox"/> Other
Specific Return to Work Job Assignment:	
Modification to Work Duties or Workstation Required? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
What specifically?	
Additional Training Required? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>	
Specify Training Requirements:	

Graduated Work Plan		
Week	Scheduled Days/Hrs	Duties
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

We have agreed to the above plan:

\_\_\_\_\_

Supervisor Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Employee Signature

\_\_\_\_\_

Date

Plan Approved:

\_\_\_\_\_

Return to Work Program Coordinator

\_\_\_\_\_

Date

# Appendix G – Daily Return to Work Log

## Return to Work Log

Employee: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date	Hours Worked In Out	Job Tasks Completed	Comments	Employee Signature	Supervisor Signature

**RESERVED FOR FUTURE USE**

## Appendix H – Internet Links

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### **United States Department of Labor**

<http://www.dol.gov/>

### **Family and Medical Leave Act (FMLA)**

<http://www.dol.gov/whd/fmla/>

### **United States Equal Employment Opportunity Commission**

<http://www.eeoc.gov/>

### **EEOC Enforcement Guidance: Workers' Compensation and the ADA**

<http://www.eeoc.gov/policy/docs/workcomp.html>

### **United States Department of Justice**

<http://www.justice.gov/>

### **Americans with Disabilities Act (ADA)**

<http://www.ada.gov/>

**Job Accommodation Network (JAN)** – resource for questions about workplace accommodations or the ADA and related legislation.

<http://askjan.org/>

**Career One Stop** – For assistance with writing job descriptions – this website is sponsored by the US Department of Labor.

<http://www.careeronestop.org/>

**O\*NET Online** – detailed job descriptions created for the US Department of Labor.

<http://www.onetonline.org/>

For more information, contact:

**P** 800-362-2041

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