



# **Transitional Return-to-Work Program Aids**

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Judicial Branch Workers'  
Compensation Program

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## **1. Purpose**

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The purpose of the Transitional Return-to-Work (TRTW) Program Aids is to provide employers with forms and guidance to implement their return-to-work program. The forms should be modified to suit the employers' needs.

## **2. Health Care Provider Inquiry Instruction Sheet**

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The *Health Care Provider Inquiry Instruction Sheet* includes instructions on how to obtain work restrictions from an employee's health care provider or clarify the provider's recommended work restrictions. **This sheet is included as Appendix Attachment 1.**

## **3. Health Care Provider Inquiry Cover Letter**

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The *Health Care Provider Inquiry Cover Letter* should be given to the employee to provide to his or her health care provider, along with the *Return-to-Work Status Form* (Appendix Attachment 3) and the *Description of Employee's Job Duties Form* (Appendix Attachment 5). This cover letter is for the purpose of requesting the health care provider to complete the *Return-to-Work Status Form*. **This cover letter is included as Appendix Attachment 2.**

## **4. Return-to-Work Status Form**

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You should provide the injured employee with the *Return-to-Work Status Form* to be completed by their treating medical practitioner for the purpose of obtaining or clarifying the recommended work restrictions. **This form is included as Appendix Attachment 3.**

## **5. Instructions for Completing Employee's Description of Job Duties**

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The *Instructions for Completing Employee's Description of Job Duties* provides specific instructions on how to complete the *Description of Employee's Job Duties Form* (Appendix Attachment 5). **This instruction sheet is included as Appendix Attachment 4.**

## **6. Description of Employee's Job Duties Form**

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The *Description of Employee's Job Duties Form* should be completed jointly by the employer and employee to describe the employee's job duties. The completed form should be reviewed by the treating medical practitioner to determine the employee's ability to return to the job with or without any work restrictions. **This form is included as Appendix Attachment 5.**

## **7. Letter to Employee Regarding the Transitional Return-to-Work Program**

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The *Letter to Employee Regarding the Transitional Return-to-Work Program* is provided to employees to inform them of the transitional return-to-work program. Along with this letter, employees should receive a copy of the program handbook. **This letter is included as Appendix Attachment 6.**

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## **8. Best Practices for Returning an Injured Employee to Work**

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The list of *Best Practices for Returning an Injured Employee to Work* includes six basic steps to help an employee return to work from a work-related injury/illness. **This list of best practices is included as Appendix Attachment 7.**

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## **9. Transitional Return-to-Work Agreement Form**

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The *Transitional Return-to-Work Agreement Form* serves to document the temporary arrangements made by the employer in order to allow an employee to continue to work while recovering from a work-related injury/illness. The agreement form should be discussed with the employee and signed by the employee, the employee's supervisor, and Human Resources. **This form is included as Appendix Attachment 8.**

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## **10. Supervisor Tips for Transitioning an Employee Back to Work**

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The list of *Supervisor Tips for Transitioning an Employee Back to Work* provides supervisors with suggestions on how to ease an employee's transition back to work after a leave of absence due to a work-related injury/illness. The list should be provided to the employee's supervisor for review with the employee. **This list is included as Appendix Attachment 9.**

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## **11. Workers' Compensation Injury/Illness Reporting and Return-to-Work-Process Flow Chart**

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The *Workers' Compensation Injury/Illness Reporting and Return-to-Work-Process Flow Chart* shows the process for reporting a work-related injury/illness or an employee's return to work. **This chart is included as Appendix Attachment 10.**

## **Health Care Provider Inquiry Instruction Sheet**

You may be required to obtain clarification concerning the employee's work restrictions. While you should **not** directly contact an employee's health care provider, you can request the employee to obtain this information for you. The two documents that follow this information sheet can assist you in this process.

Health care provider inquiry process:

1. Complete the general information/identification sections on both the *Health Care Provider Inquiry Cover Letter* and the *Return-to-Work Status Form*.
2. Obtain a copy of the employee's job description noting essential job functions and physical demands (such as *Description of Employee's Job Duties Form*).
3. Inform the employee that you need further clarification concerning work restrictions.
4. Give the employee the *Health Care Provider Inquiry Cover Letter*, *Return-to-Work Status Form*, and job description.
5. Ask the employee to take these documents to the health care provider for completion.
6. Inform the employee that the health care provider should complete the *Return-to-Work Status Form*.
7. Inform the employee that, once completed by the health care provider, the *Return-to-Work Status Form* should then be returned to you.
8. Provide all forms from the employee and health care provider to the claims administrator.

## Health Care Provider Inquiry Cover Letter

[MEDICAL PROVIDER'S NAME]

[ADDRESS]

[CITY, STATE, ZIP]

Re: [EMPLOYEE'S NAME]

Dear Dr. \_\_\_\_\_:

[EMPLOYER'S NAME] is committed to providing temporary/transitional work opportunities for our employees recovering from a work-related injury or illness. Our Transitional Return-to-Work Program is designed to allow our employees to safely perform modified or alternative work within their work restrictions while they recover. As you know, allowing employees with disabilities to perform transitional work enables them to return to maximum health and productivity much faster than if required to stay off work.

This Transitional Return-to-Work Program can only be successful with your participation. As our employee's health care provider, we need your input as to his or her current work capacity. Therefore, please complete the enclosed *Return-to-Work Status Form* indicating the employee's work capacities. Once completed, please give the form to your patient so that he or she can submit it to Human Resources for return-to-work consideration.

We would appreciate your response by \_\_\_\_\_.

If you have any questions or concerns with this request, please do not hesitate to contact Human Resources at \_\_\_\_\_.

Thank you for your consideration of this matter.

Sincerely,

Enclosures:     Return-to-Work Status Form  
                  Description of Employee's Job Duties

**APPENDIX: Attachment 3**

Note: Double-click form to access fill-in.

Return form to:

**RETURN-TO-WORK STATUS**

Worker's name: \_\_\_\_\_ Claim number (if known): \_\_\_\_\_

Next scheduled appointment date: \_\_\_\_\_

Is the worker expected to materially improve from medical treatment or the passage of time?  Yes  No

**WORK STATUS** (Select one option) \_\_\_\_\_

**OPTION 1 – Released to Regular Work** Status from (date): \_\_\_\_\_  
Released to the *hours routinely worked and tasks routinely performed in the job held at the time of injury.*

**OPTION 2 – Not Released to Work** Status from (date): \_\_\_\_\_ to: \_\_\_\_\_  
The worker is *not capable of performing any work activities.*

**OPTION 3 – Released to Modified Work** Status from (date): \_\_\_\_\_ to: \_\_\_\_\_  
Released to work, *subject to the following work restrictions (note only those that are applicable):*

Total work hours: \_\_\_\_\_ hours/day

**Lift/carry/push/pull restrictions**

	One-time	≤ 1/3 of workday	1/3-2/3 of workday	≥ 2/3 of workday	Duration	
<b>Lift:</b>	_____ pounds	_____ pounds	_____ pounds	_____ pounds	_____ hrs./day	_____ hrs./one time
<b>Carry:</b>	_____ pounds	_____ pounds	_____ pounds	_____ pounds	_____ hrs./day	_____ hrs./one time
<b>Push:</b>	_____ pounds	_____ pounds	_____ pounds	_____ pounds	_____ hrs./day	_____ hrs./one time
<b>Pull:</b>	_____ pounds	_____ pounds	_____ pounds	_____ pounds	_____ hrs./day	_____ hrs./one time

**Activity restrictions**

<b>Stand:</b>	_____ hrs./day	_____ hrs./one time	<b>Twist:</b>	_____ hrs./day	_____ hrs./one time	<b>Crawl:</b>	_____ hrs./day	_____ hrs./one time
<b>Walk:</b>	_____ hrs./day	_____ hrs./one time	<b>Climb:</b>	_____ hrs./day	_____ hrs./one time	<b>Crouch:</b>	_____ hrs./day	_____ hrs./one time
<b>Sit:</b>	_____ hrs./day	_____ hrs./one time	<b>Bend:</b>	_____ hrs./day	_____ hrs./one time	<b>Balance:</b>	_____ hrs./day	_____ hrs./one time
<b>Drive:</b>	_____ hrs./day	_____ hrs./one time	<b>Above-shoulder-reach:</b>	_____ hrs./day	_____ hrs./one time	<b>Below-shoulder-reach:</b>	_____ hrs./day	_____ hrs./one time
<b>Kneel:</b>	_____ hrs./day	_____ hrs./one time						

**Hand use restrictions**

<b>Fine actions:</b>	_____ hrs./day L hand	_____ hrs./day R hand
<b>Keyboarding:</b>	_____ hrs./day L hand	_____ hrs./day R hand
<b>Grasp:</b>	_____ hrs./day L hand	_____ hrs./day R hand

**Foot use restrictions**

<b>Raise:</b>	_____ hrs./day L foot	_____ hrs./day R foot
<b>Push:</b>	_____ hrs./day L foot	_____ hrs./day R foot

Notes / other restrictions: \_\_\_\_\_

Medical provider's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print medical provider's name: \_\_\_\_\_

Phone no.: \_\_\_\_\_

## Instructions for Completing Employee's Description of Job Duties

### Introduction

The following job description can be used to document an employee's usual and customary job duties. A job description provides detailed information about the tasks, functions, and physical demands of an employee's job.

The first section of the job description is entitled **Description of Job Responsibilities**. This section simply requires a general description in narrative form of what the individual does. A short paragraph describing the duties and responsibilities of the job in question (much as you would describe it to an applicant) is all that is required here.

The next section refers to **Activity**. It essentially describes body positions and hand use, broken down into frequency. Naturally, frequencies and tasks may vary from day to day. What is needed here is a reasonable average for any particular day. It should be noted that many activities are mutually exclusive (e.g., you can't sit, walk, and stand at the same time), so these activities combined should add up (approximately) to the total number of hours in a shift (typically 8).

The third section involves **Lifting and Carrying**. It is broken down into weight categories and duration. Although relatively straightforward, it is important to stress accuracy in this section. It is critical in many cases. If the weight of something lifted or carried is not known, weigh it; don't guess. Measure distances. Note actual durations of lifting and carrying.

The last sections ask you about specific activities and require a simple "yes" or "no" response and brief explanation.

A glossary of some of the terms taken from the Dictionary of Occupational Titles and other sources are included to help you. Please keep in mind when completing this form that it is based on an average day.

### GLOSSARY:

BALANCING:	Maintaining body equilibrium to prevent falling when walking, standing, crouching, or running on narrow, slippery, or erratically moving surfaces; or maintaining body equilibrium when performing gymnastic-like feats.
BENDING:	Forward motion of the upper body from the waist.
CARRYING:	Transporting an object, usually holding it in the hands or arms, or on the shoulder.
CLIMBING:	Ascending or descending ladders, stairs, scaffolding, ramps, poles, ropes, and the like, using the feet and legs and/or hands and arms.
FINE MANIPULATION:	Picking, pinching, or otherwise working primarily with the fingers



(rather than with the whole hand or arm as in handling).

KNEELING:	Bending the legs at the knees to come to rest on the knee or knees.
LIFTING:	Raising or lowering an object from one level to another (includes inward pulling).
POWER GRASPING:	Use of fingers, palm, and wrist to hold and/or manipulate objects (hammers, saws, etc.). Note: the instrument cannot be easily pulled from the grasp.
PULLING:	Exerting force upon an object so that the object moves toward the force (includes jerking).
PUSHING:	Exerting force upon an object so that the object moves away from the force (includes slapping, striking, kicking, and treadle actions).
SIMPLE GRASPING:	Use of the fingers primarily to hold and/or manipulate objects (pencils, pens, etc.).
SITTING:	Remaining in a seated position.
SQUATTING:	Bending the body downward to rest the buttocks on the heels of the feet or back of the legs.
STANDING:	Remaining on one's feet in an upright position at a workstation without moving about.
TWISTING:	Movement of the body in a sideways motion either seated or standing.
WALKING:	Moving about on foot.
NEVER:	= 0 hours
RARELY:	= 1% to 10% (Less than 1 hour a day is spent doing this activity if the worker is working an 8-hour day.)
OCCASIONALLY:	= 10% to 33% (1 to 3 hours a day if worker is working an 8-hour day.)
FREQUENTLY:	= 33% to 75% (3 to 6 hours a day if worker is working an 8-hour day.)
CONSTANTLY:	= 75% to 100% (6 to 9 hours a day if worker is working an 8-hour day.)

**APPENDIX: Attachment 5**

**DESCRIPTION OF EMPLOYEE'S JOB DUTIES**

**INSTRUCTIONS:** This form shall be developed jointly by the employer and employee and is intended to describe the employee's job duties. The completed form will be reviewed to determine whether the employee is able to return to work.

EMPLOYEE NAME:	(LAST)	(FIRST)	(M.I.)	CLAIM#:
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EMPLOYER NAME:	ADDRESS:
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JOB TITLE:	HRS. WORKED PER DAY:	HRS. WORKED PER WEEK:
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DESCRIPTION OF JOB RESPONSIBILITIES (DESCRIBE ALL JOB DUTIES):

  
  
  
  
  
  
  
  
  
  

*Please check one:*  Regular Duty  Modified Duty  Alternative Work

1. Check the frequency of activity required of the employee to perform the job.

ACTIVITY (Hours per day)	NEVER 0 hours	OCCASIONALLY up to 3 hours	FREQUENTLY 3-6 hours	CONSTANTLY 6-8+ hours
Sitting				
Walking				
Standing				
Bending (neck)				
Bending (waist)				
Squatting				
Climbing				
Kneeling				
Crawling				
Twisting (neck)				
Twisting (waist)				
Hand Use: Dominant hand Right--- Left---				
Is repetitive use of hand required?				
Simple Grasping (right hand)				
Simple Grasping (left hand)				
Power Grasping (right hand)				
Power Grasping (left hand)				
Fine Manipulation (right hand)				
Fine Manipulation (left hand)				
Pushing & Pulling (right hand)				
Pushing & Pulling (left hand)				
Reaching (above shoulder level)				
Reaching (below shoulder level)				
Keyboarding with both hands				

2. Please indicate the daily Lifting and Carrying requirements of the job: indicate the height the object is lifted from floor, table, or overhead location and the distance the object is carried.

	LIFTING				Height	CARRYING				Distance
	Never 0 hrs.	Occasionally up to 3 hrs.	Frequently 3–6 hrs.	Constantly 6–8+ hrs.		Never 0 hrs.	Occasionally up to 3 hrs.	Frequently 3–6 hrs.	Constantly 6–8+ hrs.	
0–10 lbs.										
11–25 lbs.										
26–50 lbs.										
51–75 lbs.										
76–100 lbs.										
100+ lbs.										

Describe the heaviest item required to carry and the distance to be carried: \_\_\_\_\_

3. Please indicate if your job requires:

	YES	NO	(IF YES, PLEASE BRIEFLY DESCRIBE)
a. Driving cars, trucks, forklifts, and other equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Working around equipment and machinery?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Walking on uneven ground?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Exposure to excessive noise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Exposure to extremes in temperature, humidity, or wetness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Exposure to dust, gas, fumes, or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	_____
g. Working at heights?	<input type="checkbox"/>	<input type="checkbox"/>	_____
h. Operation of foot controls or repetitive foot movement?	<input type="checkbox"/>	<input type="checkbox"/>	_____
i. Use of special visual or auditory protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	_____
j. Working with biohazards such as: blood-borne pathogens, sewage, hospital waste, etc.	<input type="checkbox"/>	<input type="checkbox"/>	_____

Employee Comments:

Employer Comments:

EMPLOYER CONTACT NAME:

EMPLOYER CONTACT TITLE:

EMPLOYER REPRESENTATIVE SIGNATURE:

DATE:

EMPLOYEE'S SIGNATURE:

DATE:

## Letter to Employee Regarding the Transitional Return-to-Work Program

[DATE]

[EMPLOYEE NAME]

[STREET]

[CITY, STATE ZIP]

### Subject: Transitional Return-to-Work Program

Dear [EMPLOYEE NAME]:

We are sorry to hear you have suffered a work related injury or illness. The [Employer] has a program for returning our injured employees to a transitional work assignment whenever reasonably possible. The Transitional Return-to-Work Program will enable you to remain in the work force while recovering from your injury/illness. While in the Transitional Return-to-Work Program, you will earn your regular wage for the hours you work.

We will be sending information to your medical provider describing the Transitional Return-to-Work Program. Transitional work assignments will be designed to ensure that the restrictions or limitations set forth by your health care provider are met. However, you are not guaranteed placement as it is dependent upon your physical capabilities, and a projected date for your release to return to regular work. Enclosed for your information is the [Employer]'s Transitional Return-to-Work Program.

If your medical provider releases you for work, you must contact Human Resources within **one** working day of your release.

If you have questions about the Transitional Return-to-Work Program, please contact Human Resources.

If you have questions regarding your workers' compensation benefits, please contact your Claims Adjuster.

We hope this information has been helpful in explaining the Transitional Return-to-Work Program. Best wishes for a speedy recovery.

Sincerely,

[NAME]

[TITLE]

Enclosure

## **Best Practices for Returning an Injured Employee to Work**

Six basic steps that constitute best practices to help an employee with a work-related injury/illness return to work.

### **STEP 1. Contact the injured employee and start the interactive process**

When an employee has been hurt on the job, personally contact the employee and provide a Workers' Compensation Claim (DWC 1) & Notice of Potential Eligibility Form. Encourage the employee to read the information attached to the form, and show the employee where to fill in his or her portion. After the employee completes his or her portion, finish filling in the employer's portion and provide copies of the form to the employee and to Acclamation Insurance Management Services (AIMS).

Inform the employee that medical care will be provided while the claim is pending and other benefits may also be provided after the claim is accepted. When appropriate, discuss the return-to-work process. Stay in contact with the employee and be available to answer questions. Also, be mindful of the employee's situation and needs. This will help alleviate the employee's concerns, avoid possible misunderstandings, and encourage the employee to have a positive view of the return-to-work process.

If the injury makes it difficult for the employee to do his or her job temporarily or on a long-term basis, discuss possible ways to address the problem. If it becomes clear that a reasonable accommodation is needed, explain that you will work with the employee to find one.

### **STEP 2. Describe essential functions and usual duties of jobs**

Discuss with the employee the "essential functions" of his or her job. Essential functions are the fundamental purposes of a job. They focus on *why* a job exists. You will not be required to remove essential functions of a job to accommodate the employee. You may, however, be required to remove a nonessential function or otherwise provide a reasonable accommodation to enable the employee to perform a job's essential functions.

Also, discuss with the employee the actual activities, demands, and environmental conditions usually required in his or her job, including frequencies and hours per day. These may include, for example, details about required postures, motions, lifting, carrying, pushing, and pulling. In contrast to essential functions, usual duties focus on *how* a job is performed.

After discussion with the employee about the essential functions and usual duties of the employee's job, complete a job description form (such as the *Description of the Employee's Job Duties Form*).

### **STEP 3. Obtain work capacities and restrictions**

Ask the employee to give the job description you prepared in Step 2, above, to his or her treating medical practitioner. This will help the treating medical practitioner determine work capacities and restrictions that are relevant to the employee's situation. If possible, provide the employee with a letter or form requesting the information you need. Ask the employee to provide you any information he or she obtains from the treating medical practitioner pertaining to his or her work capacities and restrictions.

If the information you receive is incomplete or unclear, ask the employee to obtain clarification, or ask the employee for permission for you to contact the treating medical practitioner directly. If you choose to ask your claims examiner to obtain the information from the primary treating medical practitioner, keep the employee fully informed to maintain openness in the process.

If you ask the employee to sign a medical release, limit its scope to the employee's work capacities and restrictions. Do not ask about the employee's medical condition, treatment plan, prognosis, or other matters unrelated to work.

### **STEP 4. Research and evaluate possible accommodations**

With the employee, explore ways to accommodate the employee's restrictions. The employee may already have useful ideas based on firsthand knowledge of the employee's job and a personal understanding of his or her injury and disability. Keeping the needs of both employee and employer in mind, consider the employee's work capacities and restrictions and all possible jobs available to the employee. Evaluate whether the employee can perform the essential functions of those jobs with or without a reasonable accommodation. Use outside resources if necessary. Share all important information, communicate openly, and encourage a genuine, meaningful dialogue.

Examples of reasonable accommodations:

- Limiting tasks to those that are safe for the employee ("job restructuring");
- Making changes in the way duties are performed;
- Physically adjusting the workstation based on an ergonomic evaluation;
- Providing new equipment and training on how to use it; and
- Establishing a part-time schedule.

With the employee, assess how effective each accommodation would be in allowing the employee to perform the job. You may find it helpful to request feedback from the employee's treating medical practitioner.

### **STEP 5. Select a reasonable accommodation and make an offer of work**

You must consider accommodating the employee in the following order, unless you and the employee agree otherwise:

- Provide accommodations that would enable the employee to stay in his or her original job.

- Reassign the employee to an equivalent vacant position in a job the employee is qualified to perform, and provide reasonable accommodations as needed.
- Reassign the employee to a lower-graded vacant position in a job the employee is qualified to perform, and provide reasonable accommodations as needed.
- Temporarily assign tasks that the employee is able to perform while recovering.

If there is more than one option in a particular category above, consider both the employee's preferences as well as how the accommodation could impact the operation of your business. It may be preferable, for example, to offer the employee a job that best utilizes his or her skills, training, and experience. It may also make the most sense for the employee to continue working in the same unit or department as his or her original job. If an accommodation clearly would be too costly relative to the overall resources of the employer, or would significantly disrupt the employer's business, consider other accommodations.

Make an offer based on the accommodation the employer selects. This could be, but is not necessarily, an offer of regular, modified, or alternative work.

## **STEP 6. Implement and monitor the accommodation**

If the employee accepts your offer, encourage and support his or her return to work. If the employee is still recovering from the injury, the treating medical practitioner should reduce or remove restrictions as the employee's condition improves. This will allow you to adjust accommodations accordingly to aid the employee's recovery process. Continue to communicate as part of the ongoing, interactive process to ensure that the accommodation is working as anticipated.

## Transitional Return-to-Work Agreement Form

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

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

We have received your *Return-to-Work Status* form, dated [DATE], from your treating medical practitioner, which allows you to return to work with the following restrictions:

- 
- 

Based on this information, we are able to offer you temporary transitional work. The position will be as [JOB TITLE], and [will include the usual duties of that position; limited to the restrictions stated above or will include the following duties]:

- 

This Transitional Return-to-Work Agreement will be from \_\_\_\_\_ to \_\_\_\_\_.

Your work schedule will be \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

Your supervisor will be \_\_\_\_\_.

This Transitional Return-to-Work Agreement will be reviewed with you and updated, if necessary, on the following date: \_\_\_\_\_ (e.g., midpoint date).

Employee confirmation that they have received a copy of the Employee Information Sheet.

Initials
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*It is understood that these are temporary arrangements designed to allow employees to continue to work while recovering from industrial illness or injury. This Transitional Return-to-Work Agreement does NOT represent a permanent change of duties or responsibilities. It is understood that any problems that may arise during this transitional work period shall be discussed between the supervisor, employee, and Human Resources. If assistance is needed, please contact Human Resources at [telephone number].*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Supervisor Tips for Transitioning an Employee Back to Work

Returning to work after a leave of absence due to a work-related injury or illness can be a difficult transition for an employee. How easily an employee transitions back to work will depend upon a number of factors. For example, factors such as the length of the absence, the effectiveness of the accommodations, and how welcome and included the employee feels upon his or her return can all impact the ease in which an employee transitions back to work.

As a supervisor, your actions can also have a positive impact on your employee's transition back to work. Below are a few tips you can follow to make your employee's return to work as smooth as possible.

◆ Prior to the employee's first day back at work:

1. Inform your staff of the employee's return to work and the specific date.
2. Do **not** disclose or discuss the employee's disability details with your staff. Simply tell your staff that the employee is returning to work from his or her leave of absence.
3. If the employee's return to work impacts other employees' job duties, inform them of the changes.
4. If needed, prepare and arrange for workspace, computer access, phone setup, training, reorientation, etc.
5. If needed, arrange for an ergonomic evaluation with Human Resources for the returning employee.

◆ On the employee's first day back at work:

1. Personally greet and welcome the employee back at work.
2. Introduce the employee to new staff members, if any.
3. Reorient the employee to your department if there have been any organizational and/or procedural changes.
4. If you have not already done so, review with the employee the completed Transitional Work Agreement and the "Employee Information Sheet."
5. Remind employees that their health and safety are the primary concerns; therefore, if they are asked to perform tasks that exceed their work restrictions or they feel unable to perform a task, they should **immediately** notify you and Human Resources.
6. Reassure employees that their disability details have not been shared with their coworkers, and that they should not feel compelled to do so.

◆ While the employee continues to work:

1. As you do with your other employees, periodically check-in with the employee to see how he or she is doing.
2. Meet with the employee on the agreed-upon date (e.g., midpoint) to formally note his or her progress.

## Workers' Compensation Injury/Illness Reporting and Return to Work Process Flow Chart

