



## **SAMPLE RETURN TO WORK PROGRAM**

The Archdiocese of New Orleans has developed a return-to-work program. Its purpose is to return employees to gainful employment at the earliest date following an injury. This program applies to all employees and will be followed whenever appropriate. The Archdiocese of New Orleans reserves the right to modify the policy as the program matures. This policy will be reviewed annually by Archdiocesan General Counsel and Human Resources and Catholic Mutual Group.

### **WHAT IS TRANSITIONAL RETURN TO WORK?**

Transitional return to work is returning an injured employee to gainful employment in a safe work environment with physical restriction(s) determined by a physician until the employee is capable of returning to full regular duty. Transitional work is a temporary modified work assignment within the employee's abilities, knowledge, and skills. Where feasible, transitional positions will be made available to injured employees in order to minimize or eliminate time loss.

### **GOALS**

- Provide return to work options for the injured employee and the employer.
- Provide suitable accommodation(s) for the injured employee.
- Provide a safe return to work for job-related injuries or illnesses.
- Retain work skills by retaining qualified employees.
- Facilitate a safer working an environment.
- Reduce the duration needed for the employee to transition back to full duty.
- Reduce employee compensation claim costs.

### **LOCATION EXPECTATIONS**

- Develop job descriptions that include physical demands and essential functions.
- Appoint a Return-to-Work Coordinator.
  - The Return-to-Work Coordinator (RTWC) is an employee of the location responsible for developing and maintaining a list of transitional duty jobs and their physical requirements. The RTWC will also maintain frequent communication with the injured

employee and Catholic Mutual Group. In addition, the RTWC will train employees in their responsibilities under the Return-to-Work program.

- Work with the RTWC to develop a suitable Return-to-Work plan within the outlined abilities/limitations.
- Monitor employee progress with the assistance of the RTWC.
- Ensure a work environment that is conducive to a successful Return-to-Work program.

### **MEDICAL TREATMENT AND TEMPORARY/TRANSITIONAL DUTY PHYSICAL CONDITION**

At the initial doctor's visit, the employee should inform the attending physician that the employer has a return-to-work program with light duty/modified assignments available and/or that is willing to consider reasonable accommodations in order to return the employee to gainful employment.

A **Release to Return-to-Work** form and a **Job Description (if available)** will be provided to the employee to take to the attending physician for completion and/or approval. Catholic Mutual Group via CoreCare will provide the employee and/or treating physician with the **Release to Return-to-Work form**.

At the time of the first medical treatment, the **Release to Return-to-Work** form must be completed and returned to:

Catholic Mutual Group  
1000 Howard Ave., Suite 1202  
New Orleans, LA 70113  
Fax: 504-527-5799  
Phone: 504-527-5760

The completed **Release to Return-to-Work form** will be reviewed by Catholic Mutual, RTW Coordinator, and location supervisor.

### **WORKER UNABLE TO RETURN TO WORK**

If the employee is unable to report for any kind of work, the worker must call in at least weekly to report medical status. If the employee fails to call in, the employer should follow up and make contact.

While off work, it is the responsibility of the employee to supply Personnel with a current telephone number and an address where the worker can be reached.

The worker will notify employer within 24 hours of all changes in medical condition.

### **EMPLOYEE ABLE TO RETURN TO WORK AT FULL DUTY**

If the attending physician releases the employee to return to work at full duty, as evidenced by the **Release to Return-to-Work** form and **Job Description** form, the forms must be returned to the employer and Catholic Mutual. If the worker is capable of working at full duty, they will continue their normal job duties.

### **EMPLOYEE ABLE TO RETURN TO WORK WITH RESTRICTIONS**

If the attending physician releases the employee to return to work with restrictions, as evidenced by the completion of a **Release to Return-to-Work form** and **Job Description form**, the forms must be returned to the employer for assignment of light duty/modified work.

A **Temporary Modified Duty Assignment Letter** will be prepared from information obtained from the treating physician.

The **Temporary Modified Duty Assignment Letter** will explain the job duties, report date, report time, and the duration of the transitional work assignment. There is a sample of this letter on the next page.

The employee will sign the bottom of the **Temporary Modified Duty Assignment Letter** indicating acceptance or refusal of the offered work assignment.

Copies of all forms will be placed in the employee's personnel file.

### **OFFER OF TEMPORARY MODIFIED DUTY ASSIGNMENT LETTER**

To the Employer:

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

- The location at which the employee will be working;
- The schedule the employee will be working
- A description of the physical and time requirements that the position will entail; and
- 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.
- Letter should appear on organization's letterhead.

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

- The work location is geographically accessible given physical limitations, distance, and availability of transportation;
- The offered schedule is similar to the pre-injury work schedule
- The physical and time requirements are consistent with the doctor's certification of the employee's work abilities; and
- 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's 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 telephone call may be made to accept or not accept the position. Refusal to accept the temporary modified duty assignment offer may result in the termination of workers' compensation benefits and wages.
5. All offers must be followed up in writing to the employee.

**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  
Catholic Mutual Group

### EMPLOYEE CONTACT FORM

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 Catholic Mutual. Coordinate with Catholic Mutual 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 CoreCare Triage Line and Catholic Mutual Group. Catholic Mutual Group via CoreCare will provide the employee and/or treating physician with the **Release to Return-to-Work form**.
2. Contact employee.
  - a. Date of employee contact, method/location: \_\_\_\_\_
  - b. Medical Provider's 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 Catholic Mutual for a status update:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Week 3**

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 Catholic Mutual for a status update:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Week 4**

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 Catholic Mutual for a status update:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Week 5**

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 Catholic Mutual for a status update:  
\_\_\_\_\_

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After each 30 days (4 weeks) the RTW Program Coordinator should contact Catholic Mutual for additional information on the injured employee's status. After this consultation, the RTW Program Coordinator and the injured employee's 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 employee's duties (based on medical provider evaluation) if they are still not cleared for regular duty.

## TYPES OF DUTIES AVAILABLE FOR TRANSITIONAL POSITIONS

It is often difficult to come up with new positions to accommodate the restrictions an employee may have due to work-related injury. Below are some suggestions for placing employees back to work. Please note that this is not all-inclusive list and locations are encouraged to use creativity to develop transitional positions.

### Back Injuries

These injuries usually have low weight restrictions (i.e. Not able to lift over 10 lbs.) and may appear to be impossible to accommodate. However, some suggested positions include:

- Washing trucks/equipment
- Inventory work/check-in of merchandise or equipment
- Forklift operation
- Inspection of merchandise or equipment
- General cleaning
- Clerical duties (filing, typing, etc.)
- Answering phones
- Painting/maintenance
- Safety training (watching videos, reading manuals)

### Arm or Wrist Injuries

These injuries may have restrictions based on one arm only. Please remember that this does not render an employee helpless. It may take longer to perform a task with one hand or arm. Also, the dominant body part needs to be considered in assigning a task.

- Inventory work/check-in of merchandise or equipment
- Clerical (filing, typing, etc.)
- Inspection of merchandise or equipment
- Computer input
- Answering phones
- Safety training (watching videos, reading manuals)

### Leg, Knee, or Foot Injuries

These injuries usually carry restrictions that limit the amount of time able to stand. Remember that if you can stand for 4 hours per day, you may meet restrictions and still benefit under the Return-to-Work Program. Also, keep in mind that a position may be able to be done effectively with the additional support of a chair or stool.

- Packing/taping/labeling of boxes
- Inventory work/check-in of merchandise or equipment
- Clerical (filing/typing, etc.)
- Computer input
- Answering phones
- Safety training (watching videos, reading manuals)

As previously stated, these are only partial listings. Some locations may be able to create new positions temporarily for employees who have restrictions due to work related injuries.

One thing to keep in mind is whether or not the position an employee held prior to the accident is within current restrictions. If not, can the position be modified in any way for the employee to still be able to work (i.e. some duties removed that do not fall within the restrictions)? This is one of the best forms of transitional duty, because an employer does not have to hire another person; a co-worker may be used to help fill any voids due to restrictions.

#### **PHYSICIAN RELEASE**

Upon receipt of the physician's release of an employee, the employee will return to regular work status, with his/her originating department of normal duties within their respective job description. A copy of the physician's release will be forwarded to and maintained by the RTW Coordinator, the location, and Catholic Mutual Group.

#### **FAMILY MEDICAL LEAVE ACT (FMLA)**

If the employee is unable to return to full or modified duty, then FMLA and Employees' Compensation Benefits can run simultaneously. If the employee does not return to employment with the employer at the end of the FMLA period (12 weeks), then the employer has no obligation to maintain the position. However, the employer must consult with the Human Resource Director at the Archdiocese or the General Counsel Attorney before terminating the position.