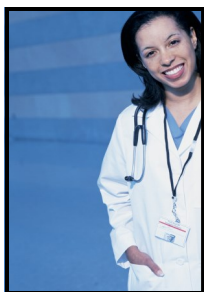


RETURN TO WORK PROCESS FOR INJURED EMPLOYEES



After a work-related injury occurs and is reported to Company Nurse, if you are directed to obtain medical treatment, you will go to a designated medical facility for treatment.

You will receive a **Work Status Slip** from the *Physician* at each appointment

- * Immediately give the **Work Status Slip** to your *District Claims Coordinator*

The **Work Status Slip** will state that you are either:

- * **Released to Full Duty**
- * **Released with Work Restrictions or Limitations for a Temporary Period of Time**
- * **Not Released to Work**

If Released to Full Duty:

- * Return to your regular job duties

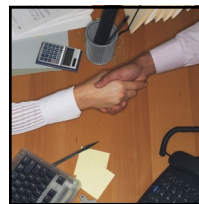
If Released with Work Restrictions or Limitations:

District Claims Coordinator will work with your *Site Supervisor* to determine:

- * Whether to temporarily modify your regular job duties (**Modified Work Assignment**) or
- * Place you in a **Temporary Work Assignment**, based on the medical restrictions from the *Physician*

If your regular Site is unable to temporarily accommodate you in either the **Modified Work Assignment** or a **Temporary Work Assignment**, your *District Claims Coordinator* will determine if another School Site can accommodate you in a temporary work assignment.

- * A **Pre-Designated Temporary Work Assignment** may be provided during this determination process



- * If a **Modified Work Assignment** or a **Temporary Work Assignment** has been designated, the *District Claims Coordinator* will review the work assignment and the **Temporary Return to Work Agreement** with you and the *Site Supervisor* will conduct orientation prior to your beginning the temporary work assignment

- * You will continue to go to your scheduled physician appointments, obtaining a new **Work Status Slip** at each visit and provide it to your *District Claims Coordinator*; this process continues until **Full Duty Release** by *Physician*, permanent and stationary with permanent restrictions or your District can no longer provide you with a temporary work assignment

- * If you choose not to accept the temporary work assignment your District is providing, your **Sick Leave Benefits** are required to cover your time off

- * If at any time you are unable to report to work during your temporary work assignment, call the *District Claims Coordinator*

- * If you do not feel you are medically able to perform the temporary work assignment (which is based on your *Physician's* evaluation), you must immediately return to the **Workers' Compensation medical Doctor/Facility** to be re-evaluated, and contact your *District Claims Coordinator*
- * If the *District* is unable to provide you with a temporary work assignment, you will receive **Temporary Total Disability** benefits through Workers' Compensation while you are temporarily medically unable to work and remain off work due to your workers' compensation injury

SAMPLE

Temporary Work Agreement for Work Related Injuries

Dear: _____
Employee _____

Your physician has released you to perform limited duty work while you are recovering from your industrial injury of _____ Date of Injury _____

Based on your current work restrictions and/or limitations and the District's current needs, we are offering you the following temporary accommodation:

Temporary Work Assignment: _____ TWA Title _____
or
 Modification to Current Position _____

Start Date _____ End Date _____ Temporary Accommodation Supervisor _____ Site _____

Explanation of Assignment (or attach copy) _____

Work Restrictions/ Limitations (or attach copy) _____

Accept Assignment Decline Assignment Employee RTW Pamphlet

Employee Signature _____ District Signature - Name & Title _____

Date _____ Date _____

Only permanent employees are eligible for temporary work accommodations resulting from work related injuries.

Temporary accommodations will not exceed work restrictions indicated by your physician. You will receive regular wages provided that your accommodation remains full time. Declining to accept a temporary work accommodation will result in denial of education code and/or temporary total disability benefits.

Temporary Work Agreement to be completed by the District Claims Coordinator and injured employee.