

PERSONNEL POLICY MANUAL

LETA		POLICY No. 12
Section:		EFFECTIVE: 06/01
Subject:	Return to Work Policy for Employees on Workers' Compensation	REVIEW: 10/01
Source:	Executive Director	REVISION: # 1
		REVISED: 10/01

POLICY

It is the policy of the Louisiana Educational Television Authority (LETA) to provide an early return-to-work program as the means of returning employees who have sustained job-related injuries or illness to meaningful employment as soon as reasonably possible on a limited, transitional basis when appropriate. LETA does not guarantee placement and is under no obligation to offer, create, or encumber any specific position for purposes of offering placement. All final decisions regarding placement shall be made by the Human Resources Office, in consultation with the appropriate department supervisor, and with the approval of the Appointing Authority.

This policy is not intended to discourage accommodations of employees who are eligible for reasonable accommodation under the Americans with Disabilities Act (ADA) or leave benefits under the Family and Medical Leave Act (FMLA). Inquiries about eligibility under the ADA or FMLA should be directed to the Human Resources Office.

PURPOSE

LETA's intent of the program is to comply with all Federal and State Laws which covers the general intent of Senate Concurrent Resolution 50 of the 1997 Regular Legislative Session and to encourage employees who have been released by their attending physician to perform work with limitations. Where appropriate for both the employee and LETA, this policy will entail returning injured or disabled workers back to work on light duty, within the restrictions of the particular illness or injury.

APPLICABILITY

This policy applies to employees of LETA who are on leave as a result of work related injuries or illnesses and who are receiving workers' compensation benefits.

In the event an employee refuses an accommodation or reassignment of duties (outside the employee's FMLA benefit eligibility period), which are within the employee's restrictions and ability to perform, LETA is not obligated to provide alternatives. The employee must submit in writing his/her refusal of a proposed modified position or reassignment of duties. In such a case, LETA will notify the State Office of Risk Management and such refusal may result in termination of the employee's workers' compensation benefits.

RESPONSIBILITIES

It is the responsibility of all employees to follow the rules and adhere to the established procedures set forth in this policy and in state law. It is also the responsibility of all employees to follow the procedure that follows this policy and is considered part of this policy.

Division/Section Managers, in coordination with the Human Resources Office, will develop a list of essential duties for the employee's permanent position and present it, along with the Medical Release Form (MRF 10/01), to the employee for review and completion by the employee's physician. It is the employee's responsibility to ensure that the attending physician returns the Medical Release Form to the employer within 15 days. The division/section manager, where a position is being considered as a light duty alternative, shall develop a list of essential duties for that position for the same purpose.

All injured employees are to:

- Report an accident or injury immediately to their supervisor;
- Complete all needed paperwork as soon as possible;
- Follow policies and procedures outlined in this policy;
- Maintain contact with original supervisor at least every 15 days;
- Present the list of essential duties of the job and the Medical Release Form to his/her physician and return the completed documents in the time period specified, or present to the Division/Section Manager legitimate justification for delay;
- If offered, return to modified duty status or modified work schedule which is within medical restrictions as set by the attending physician;
- Provide his/her original supervisor with regular updates on status, including providing a newly completed Medical Release Form at least once a month.

VIOLATION OF POLICY

Failure to follow this policy may subject an employee to disciplinary action.

EARLY RETURN TO WORK PROCEDURE

A. DETERMINATION OF EMPLOYEE'S INABILITY TO PERFORM THE ESSENTIAL DUTIES OF HIS/HER PERMANENT POSITION

1. When, as a result of an on-the-job injury, an employee has stated an inability to perform the essential functions of his/her position or has been absent from work for 5 days, the Division/Section Manager will initiate an investigation into the employee's ability to perform the essential duties of his/her position. The Division/Section Manager and/or his supervisor will:
 - a. Complete Section A of the Medical Release Form relative to the employee's essential job duties; and
 - b. Provide this document to the employee, requesting the return of the completed form within 15 days of the employee's receipt of the document.
2. Upon receipt of the completed Medical Release Form, the employee's Division/Section Manager and/or supervisor will review the documents to determine if restrictions to duties are indicated. If there are restrictions, they will assess how such restrictions are likely to impact the employee's ability to perform his/her duties. If questions exist as to such ability, the employee's Division/Section Manager and/or supervisor (with assistance from the Human Resources Office) will communicate with the employee's physician.
3. The employer reserves the right to obtain a second medical opinion on the employee's condition at the employer's expense.

B. INITIAL CONSIDERATION OF ACCOMMODATION

1. If the Division/Section Manager and/or supervisor determines that the employee is unable to perform the essential duties of his/her permanent position without restriction, then, in conjunction with the employee's supervisor and the Human Resources Office, he/she will utilize all information obtained to determine whether the employee is able to:
 - a. Return to work with a temporary (six months or less) modification of duties and a full schedule, or
 - b. Return to work without modification of duties but a less-than full schedule, or
 - c. Return to work with a temporary modification of duties and a less-than-full schedule, or
 - d. Return to work in a different position on a temporary basis, not to exceed 6 months.
2. If, 1.a., b., or c. becomes an alternative, the Division/Section Manager and/or supervisor will determine whether the employee's position duties or schedule can be altered on a temporary basis. Consideration will be given to:
 - a. The severity of the employee's condition and the extent to which his/her ability to work is impaired; and

- b. Whether the employee's condition is temporary or permanent, and if temporary, for what duration it is expected to continue; and
 - c. The extent to which regular job duties or hours may be temporarily altered to permit the employee to return; and
 - d. The impact of any alteration in hours or duties on the productivity, workload, or work environment of other employees; and
 - e. The availability of alternative work assignments.
3. If the employee's Division/Section Manager and/or supervisor decides that a position with modified duties and/or modified schedule could be offered, he/she must notify the Appointing Authority and the Human Resources Director of the nature of the modification. The Human Resources Office will address concerns such as classification issues and will provide the Appointing Authority with a recommendation as to whether or not the modification complies with Civil Service Rules and guidelines. The Appointing Authority makes the final determination to offer or not offer a modified position/schedule to the employee.

C. SECONDARY CONSIDERATION OF ACCOMMODATION BY APPOINTING AUTHORITY

1. In the event that the employing division cannot offer a modified position/schedule to the employee, the Division/Section Manager must notify the Deputy Director and Human Resources Director and submit written reasons for the determination. A review of the determination will be made by the Appointing Authority with consultation from the Human Resources Director and a representative of the sections involved.

Where the Appointing Authority decides that the employing section cannot offer a modified position or a different position to the employee in compliance with his/her physical capabilities (either by his/her own decision or upon affirmation of the section head's recommendation), the Deputy Director may, at the request of the Executive Director, and in consultation with the Human Resources Director, seek a position within the whole of LETA in which the employee can perform while subject to work restrictions. The Deputy Director shall report directly to the Appointing Authority and will receive support and assistance from the following:

- a. The injured employee, and
 - b. Staff from the Human Resources Office, and
 - c. Division/Section Heads, and
 - d. The LETA Safety Coordinator
2. The Deputy Director will review the information gathered by the Division/Section Manager regarding the employee's ability to perform various tasks. The Deputy Director will evaluate positions within LETA which may be available for placement of the employee on a temporary basis and must assure that:
- a. The employee meets the Civil Service Minimum Qualification Requirements of the position job title.
 - b. The position is allocated, budgeted, vacant, and not filled by detail to special duty.
 - c. The division where the position is located has a need for the vacancy to be filled.
 - d. The employee has his/her physician complete the Medical Release Form (MRF 10/01) which includes the employee's essential job duties for the position the delegated representative, based on all information gathered, believes that the employee can perform the duties of the position without harm to him/herself or others.
3. The Deputy Director will discuss the possibility of the employee's temporarily occupying the position with the Division/Section Manager of the division/section where the position is located.
- a. In the event that the Division/Section Manager does not feel he/she can offer the position to the employee, he/she must submit written reasons for the determination to the Deputy Director.
 - b. In the event that the Division/Section Manager is able to make an offer of a position to the employee, he/she shall so indicate to the Deputy Director. The Deputy Director will make a report to the Executive Director indicating the selected position, the acceptance of the Division/Section Manager, and the intent to make the offer to the employee.

- c. The Deputy Director will work with the Human Resources Office to assure that all technical details regarding the temporary appointment are in order.
- d. Upon approval by the Appointing Authority, the Human Resources Office, Division/Section Manager offering the position, and the current supervisor arrange a meeting with the employee to make the offer and answer questions.

D. FINAL CONSIDERATIONS

- 1. In the event an employee refuses a modified position or reassignment to duties that are within the employee's capabilities to perform, the employer is not obligated to provide alternatives. The employee must submit in writing his/her refusal of a proposed modified position or reassignment of duties.
- 2. It is the policy of LETA generally not to allow overtime status to individuals working under this program; however, it shall be at the employing division's discretion as to whether the employee's restrictions permit overtime work.
- 3. Implementation of this policy is the responsibility of LETA, however, it will require cooperation among Division/Section Managers, the Human Resources Office, legal staff, the employee and his/her physician.
- 4. LETA receives an annual premium assessment for Workers' Compensation costs. This premium is based on both employee exposure and claims experience and is allocated to sections. Thus there is an incentive for sections to reduce Workers' Compensation lost-time payment costs.

**LOUISIANA EDUCATIONAL TELEVISION AUTHORITY
Medical Release Form (Fitness for Duty)**

(Instructions for Completing on Reverse Side)

EMPLOYEE'S NAME: _____
(signature)

DATE: _____

I hereby authorize my physician to complete the information below relative to my absence from work on _____ or my inability to perform specific duties upon my return to work.

SECTION A: TO BE COMPLETED BY SUPERVISOR

A brief description of the employee's essential job duties includes: (attach pages if necessary)

SECTION B: TO BE COMPLETED BY ATTENDING PHYSICIAN

I have personally examined the employee named above and find him/her:	
1. Able to return to work and perform all duties listed above on _____ (date).	
COMMENTS:	
2. Unable to return to work at this time due to the medical condition described below. The anticipated date that employee may return to work is _____ (date).	
MEDICAL CONDITION/COMMENTS:	
3. Able to return to work with the following limitations: (Please list the essential functions outlined in Section A that the employee is unable to perform.)	
Physician's Signature*:	Date:
Physician's Name:	Telephone #:
Address:	

*The handwritten signature of a licensed physician or other health care provider is required.
No stamp or other signature will be accepted.

DIRECTIONS FOR COMPLETING THIS FORM

Section A: In this section your supervisor is to list the essential job functions of your position. These Functions should directly relate to those on your official job description, and will enable your health care provider to determine whether you will be able to return to work, with or without limitations.

Section B: This section is to be completed by your health care provider.

Part 1: If you are able to return to work with no limitations, the physician should indicate the date that you will be released to return to the job.

Part 2: If you are unable to return to work for a period of time, your physician is to complete this section. Please keep in mind, however, that an absence due to a serious health condition will probably be covered under the Family and Medical Leave Act of 1993 as outlined in Permanent Policy Number 3. If you have any questions about FMLA coverage, please contact the Human Resources Office at 925-6622.

Part 3: If you are able to return to work, but require temporary limitations to the essential duties of your job, your physician should indicate the specific limitations in this section.

Physician's Signature: As indicated on the form, the handwritten signature of a licensed physician or other health care provider is required. No stamp or other signature will be accepted.

If you have questions, please contact the Human Resources Office at 925-6622.

MRF(10/01)

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