

Lane Education Service District Administrative Rule

Code: **GCBDB/GDBDB-
AR**

Adopted: 10/9/96

Revised/Readopted: 9/25/01

Orig. Code(s): GCBDB/GDBDB-
AR

Light/Modified Duty Program

Lane ESD's light/modified duty program is designed to provide employees who are currently unable to perform their regular job duties with temporary work during the period of medical recovery. Employees eligible to participate in this program are those employees with an accepted disabling Oregon workers' compensation claim. Lane ESD's human resources office will coordinate the employee's participation in the Light/Modified Duty Program with the employee's supervisor, the employee's physician, the employee and the ESD's insurance carrier.

Procedures

1. Upon notification of a work-related injury, the employee's supervisor completes an "Incident Report Form" with the employee and may assist with the completion of an 801 form by the employee. The 801 form is required if the employee requests it or seeks medical attention. The supervisor submits a completed Incident Report Form and the 801 form (when applicable) to the human resources office, who will then notify the insurance carrier.
2. The human resources office contacts the employee and his/her physician to remind all parties of Lane ESD's Light/Modified Duty Program and the need for the completed work release/physical capacities evaluation. The employee shall report back to the human resources office with a completed work release/physical capacities form after the physician visit. The human resources office will then send a copy to the insurance carrier.
3. The human resources office or designee reviews the work release/physical capacities form with the employee's supervisor and identifies whether light/modified duty work is available within the physician's outlined restrictions. Consideration will be given to flexible hours, and/or task or worksite modification.
4. Light/Modified duty is considered to be any work within the employee's physical capacities, as outlined in the most recent work release/physical capacities form. All light/modified duty positions must be approved by the human resources office and availability is subject to the business needs of Lane ESD, which are determined solely at its discretion.
5. If the employee does not provide the work release/physical capacities form, the human resources office may send the physician a written request for this information.
6. Once the work release/physical capacities information has been obtained and a light/modified job identified, the human resources office will complete a job analysis of the light/modified duty job and submit it to the attending physician for review.

7. Upon receipt of the physician's signed and dated approval of the job analysis, the human resources office will provide a written job offer of this position to the employee via certified mail or in person. The offer will include: the starting date and time; wage and hours; to whom and the location where the worker is to report; and a description of the job duties. The employee signs the job offer and returns it to the human resources office. A copy of the job offer letter, approved job analysis and the most recent work release/physical capacities form will be sent to the employee's supervisor.
8. Before the employee starts the light/modified job, the human resources office and the employee's supervisor will meet with the employee and carefully review the job, outlining all job duties and the employee's limitations, as set forth by the treating physician and emphasizing the need for the employee to perform the job duties within the limitations prescribed by the physician. The human resources office will then obtain the employee's signature on the job offer letter.
9. Should the employee refuse to accept the light/modified job offer, the human resources office will then notify the insurance carrier.
10. The human resources office will forward a copy of the signed job offer letter, physician-approved job analysis and most recent work release/physical capacities form to the insurance carrier.
11. The employee's light/modified duty job will end when the employee is either released to regular employment, the worker's compensation claim is closed, the employee has returned to other work which is not considered part of the Light/Modified Duty Program, or at such time as Lane ESD determines that business needs are not being served by the light/modified duty work assignment.
12. The human resources office works with the employee's supervisor who is responsible for monitoring the employee's participation in the light/modified duty job and keeping track of the hours worked. This information will be submitted to the human resources office with other time records. Any problems with the employee's participation in the light/modified duty job shall be reported immediately to the human resources office, who will then discuss the issue with the employee and physician and make any needed modifications.
13. The employee is responsible for providing the human resources office with written notice of the physician's recommendation of new restrictions and/or changes to the previously approved light/modified duty job.
14. The employee's immediate supervisor will be kept informed by the human resources office of the status of the employee at each step of this procedure and will take part in any conference with the employee as noted above.
15. Any changes to the originally approved and accepted light/modified duty job must be approved by the human resources office. The human resources office may send a second letter to the employee's attending physician to request approval of any recommended changes.

LANE EDUCATION SERVICE DISTRICT
SAMPLE LETTER TO PHYSICIAN

Date: _____

Dr. _____
(address)
()

Dear Dr. _____:

This letter is to inform you that _____ has been placed on a modified duty schedule which offers work to injured employees with no loss in pay. A description of _____'s modified job duties is attached.

Please confirm the following:

1. I (agree) (do not agree) that the modifications listed in the letter dated _____, are within _____'s capabilities.
2. If not in agreement, please indicate which tasks are not appropriate:

3. _____ is scheduled to begin his/her modified duty assignment on ___ date ___. I confirm that _____ may begin modified duty on this date.
4. Duration of modified duty assignment: _____
5. Other comments: _____

Physician's Signature: _____ Date: _____

I hereby authorize release of medical information to my employer regarding my injury of ___ date ___.

Employer's Signature

Date

LANE EDUCATION SERVICE DISTRICT
SAMPLE LETTER TO EMPLOYEE

Date: _____
Name: _____
Address: _____
City, State, Zip: _____
Workers' Compensation Claim Number: _____
Date of Injury: _____

Dear: _____:

Your attending physician, Dr. _____, has released you for modified work. We have located a (temporary/permanent) position for you which your physician feels you will be able to perform successfully. If temporary, the availability of this position will be periodically reevaluated. The job is:

* See attached job analysis with physician's approval.

You will be receiving \$_____ per (hour/week/month). Our workers' compensation carrier will pro-rate your workers' compensation benefits if this salary is less than your regular wage.

Starting date: _____

Hours per day/week: _____

Starting time: _____

Duration of job: _____

Report to: _____

Phone: _____

Location: _____

If you receive this letter after the report to work date, you have 24 hours to contact:

FAILURE TO REPORT TO WORK COULD AFFECT TIME-LOSS COMPENSATION AND COULD AFFECT YOUR VOCATIONAL ELIGIBILITY.

We are looking forward to seeing you and wish you a speedy recovery.

Sincerely,

Name: _____ Title: _____

I have read and understand the above information. I accept this job as offered. Yes No

Employee Signature: _____ Date: _____

Witness: _____ Date: _____

LANE EDUCATION SERVICE DISTRICT
REPORT OF ACCIDENT

Immediate supervisor should complete this form promptly with worker input. Please print clearly and attach to 801 if a claim is filed.

1. Employee: _____
Employer: LANE ESD _____
 2. Date of accident: _____ Time: _____ a.m./p.m.
 3. Immediate supervisor: _____
 4. Accident location: _____
 5. Describe accident fully: (What happened and why, unsafe conditions and/or practices):

 6. What corrective action was taken, or is planned, to prevent similar accidents from occurring in the future?

 7. List witnesses and phone numbers: _____

 8. When was the accident reported? _____ To whom? _____
Was report made within 24 hours of the accident? Yes No
If not, why not? _____
 9. Was the accident caused by faulty equipment? If yes, preserve evidence.
Identify: _____
 10. Was the accident caused by another person not employed by Lane ESD? Yes No If yes:
Name: _____
Address: _____
 11. Describe injury (part of body/type of injury): _____

 12. Describe first aid/medical treatment (when administered and by whom): _____

 13. Is a previous injury or condition of the employee (or co-worker) a contributing factor? Yes No
If so, explain: _____

 14. Is there a reason to question whether this is a job-related injury or illness? Yes No
- NAME: _____ TITLE: _____