

**North Wasco County  
School District 21**

Code: **GCBDB/GDBDB-AR**  
Adopted: 12/9/99  
Revised/Reviewed: 3/31/04; 4/13/17  
Orig. Code(s): GCBDB/GDBDB-AR

**Early Return to Work**

1. Upon notification of a work-related injury, the supervisor will notify the injured employee to report to the business office. The superintendent or business manager will review employee's signed Responsibilities Regarding On-the-Job Injuries/Accidents form with the employee and may assist with the completion of an 801 form by the employee. The superintendent/business manager submits the completed 801 form to the district's workers' compensation carrier.
2. The superintendent/business manager contacts the employee and his/her physician to remind all parties of the company's light/modified duty program and the need for the completed work release/physical capacities evaluation. The employee shall report back to the superintendent/business manager with a completed work release/physical capacities form after every physician visit. The superintendent/business manager will review the work release/physical capacities form with the supervisor and send a copy to the district's workers' compensation carrier.
3. The superintendent/business manager and supervisor will review the work release/physical capacities form and identify whether light/modified duty work is available within the outlined physician's restrictions. Consideration will be given to flexible hours, reduced lifting, use of a stool to eliminate standing, etc.
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 superintendent/business manager and availability is subject to the business needs of the district, which are determined at its sole discretion.
5. If the employee does not provide the work release/physical capacities form, the superintendent/business manager 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 supervisor completes a job analysis of the light/modified duty position and submits it to the superintendent/business manager for approval. If approved, the superintendent/business manager will submit it to the attending physician for review. If not approved by the superintendent/business manager, the supervisor will be notified of the decision.
7. Upon receipt of the physician's signed and dated approval of the job analysis, the superintendent/business manager will provide a written job offer of this position to the employee via certified mail and regular 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; a copy of the work release or signed job analysis; and a description of the job duties. A copy of the job offer letter, approved job analysis and the most recent work release/physical capacities form will be sent to the supervisor.

8. Before the employee starts the light/modified job, the superintendent/business manager and 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. Emphasis will be placed on the need for the employee to perform the job duties within the limitations prescribed by the physician. The employee's signature on the job offer letter will be secured at this meeting.
9. Should the employee refuse to accept the light/modified job offer, the superintendent/business manager will then notify the district's workers' compensation carrier.
10. The superintendent/business manager sends the signed job offer letter to the personnel department which will forward a copy of the signed job offer letter, physician approved job analysis and most recent work release/physical capacities form to the district's workers' compensation carrier.
11. The employee's light/modified duty job will end when the employee is either released to regular employment, the workers' compensation claim is closed, the employee has returned to other work which is not considered part of the employer's light duty/modified duty program, or at such time as the company determines that business needs are not being served by the light/modified duty work assignment.
12. The supervisor 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 superintendent/business manager with other time records. Any problems noted with the employee's participation in the light/modified duty job should be reported immediately to the superintendent/business manager, who will then discuss the issue with the employee and physician and make any needed modifications.
13. The employee is responsible for providing the supervisor written notice of the physician's recommendations of new restrictions and/or changes to the previously approved light/modified duty job. The supervisor will provide recommendations of the necessary modifications to the personnel department.
14. Any changes to the originally approved and accepted light/modified duty job must be approved by the personnel department. The superintendent/business manager may send a second letter to the employee's attending physician to request approval of any recommended changes.

## **Employee Responsibilities Regarding On-the-job Injuries/Accidents**

1. Report all accidents/incidents, no matter how slight, immediately to your supervisor and the business office. Reporting on your next work shift is not an acceptable practice.
2. If you need to see a doctor, complete the “worker” portion of a Report of Occupational Injury or Disease (Form 801). The business office will provide assistance in completing this form if you need help and may provide you with a light/modified duty packet if your injury prevents you from returning to work.
3. Take the light/modified duty packet to your physician visit. Should your physician authorize time loss, there is at least a three-day waiting period before time-loss benefits will begin. To avoid loss of wages, inform your doctor that light/modified duty is available and have your physician complete the Work Release/Physical Capacities form.
4. Report your physician’s findings immediately (within 24 hours) to the superintendent/business manager. The Work Release/Physical Capacities form should be completed at each physician visit and returned to the business office.
5. You must report to your next scheduled shift once the doctor releases you to work (part-time, light, modified or regular).

I have read the above responsibility sheet. I have been given an opportunity to ask questions about my responsibilities. I agree to follow all of these responsibilities and understand that failure to do so may adversely affect my workers’ compensation benefits. I have been given a copy of this document.

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Employee Signature

Date