

## **Early Return-to-Work Policy**

Light-duty jobs will be identified after obtaining and examining the injured employee's physical limitations or restrictions. "Light duty" might be the employee's regular job, modified by removing heavier tasks and reassigning these to other employees; a different regular job currently existing at the workplace; or a job that is specifically designed around the employee's restrictions.

A light-duty job offer will be made only when the work is available and of benefit to the district. The light-duty job, if offered, will end with the date the district receives a doctor's written acknowledgment that the employee is released to full duty without limitations, or at any time if there is no longer a district need for the light-duty work. Each case will be assessed individually based on need. Light duty and modified work may not be implemented in every time loss claim. Wage rate will be the same as that of the regular job.

A team consisting of the injured employee, his or her supervisor, the district office designee, the insurance company, and the injured employee's physician will handle on-the-job injuries and occupational diseases. The team approach is the most effective method for achieving a return to productive work at the earliest opportunity. Responsibilities of the injured employee, the supervisor, and the district office are outlined in the following pages.

**EARLY-RETURN-TO-WORK POLICY**  
*Supervisor Responsibilities in the Event of an Injury*

1. When the supervisor is made aware of an injury, he/she coordinates first-aid efforts, if appropriate, and then fills out a written incident report.
2. If medical treatment has been provided to the employee, employee completes the appropriate sections of the 801 Form. The 801 should also be completed if the injured employee insists on filing a claim, even if medical treatment is not required. If possible, have the employee seek medical treatment first and then return to complete the 801.
3. Supervisor accompanies employee to doctor if at all possible. If employee does not express preference, employee will be taken to the nearest facility, unless he/she clearly needs emergency room services.
4. Supervisor makes sure "Release to Return to Work Form" form is submitted to the doctor at the first medical visit and requires employee to return the form the same day.
5. Supervisor notifies the district office of the industrial injury the day it occurs and turns in a copy of the incident report (and 801 if medical treatment was sought).
6. District office follows up with the physician the date of the first exam supervisor obtains the information, he/she relays this to the office manager.
7. If employee is off work, supervisor contacts him/her at least once a week to express care and concern and to learn the most recent developments in medical condition and work status. This information must be documented and relayed to the district office after the contact.
8. When employee is ready to return to work, supervisor makes sure he/she has a release.
9. If employee is on light duty, supervisor makes sure he/she does not exceed restrictions.
10. Supervisor relays any change in restrictions to district office and discusses possible need for revising job.

## **EARLY-RETURN-TO-WORK POLICY**

*Coordination by District Office*

1. When injury occurs, district office determines if medical treatment was provided.
2. If no treatment provided, district office requests incident report from supervisor.
3. If medical treatment was obtained, district office requests incident report and 801 Form and finishes 801. He/She sends 801 to insurance company as soon as possible.
4. District office follows up on the “Release to Return to Work” form the date employee goes to the doctor.
5. If employee is released with restrictions, which prohibit return to work at the regular job, district office considers the possibility of light duty as soon as possible.
6. If light duty is available, coordinate with SAIF Corporation’s Return to Work Consultant and prepare a job analysis.
7. When the physician has signed the job analysis, prepare a formal job offer to employee. If employee cannot accept offer in person, then send the formal job offer by regular and certified mail.
8. The district office monitors any light-duty job by checking periodically with employee’s supervisor.
9. If employee cannot return to regular work and light duty is not available, make sure employee is reporting to office at least once a week.
10. District office should coordinate progress on the claim until employee is released for regular work. District office manager relays information to appropriate SAIF personnel.
11. If restrictions change, district office and supervisor discuss need to change the light-duty job. If change is made, contact SAIF Return to Work Consultant to assist with preparation of a new job analysis, and repeat step 7.

## **EARLY-RETURN-TO-WORK POLICY**

### *Employee's Responsibilities*

1. Report all injuries to your supervisor immediately. If medical treatment is necessary and you have no preference for a physician, you should go to the nearest available facility.
2. Take the "Release to Work Information" form with you to your doctor. Tell the doctor the district may be able to place you in a temporary, modified job if you cannot return to regular work. Return the form completed by the doctor (fax, mail, or drop off) to the district office within 72 hours, if ambulatory, or as soon as medically possible, if non-ambulatory.
3. You and your supervisor must complete all forms as soon after the accident as possible. If medical treatment was required, you will complete both an incident report and an 801 Form.
4. If you are not released for regular work, but are released for light duty, discuss the possibilities with your supervisor. If an appropriate light-duty job is developed, whether it is a modified version of your regular job or another light-duty job, you must report for work at the time designated by the company.
5. If you are taken off work completely, or if light duty is unavailable, you must report your medical condition and your progress to the district office, by phone, every Monday between 9 a.m. and 4 p.m. Also, you must report in person to the district office each Friday between 9 a.m. and 4 p.m. to discuss your progress and the possibility of appropriate light-duty work. Any changes in the reporting requirements must have prior approval from the district office. Also furnish the office with your current mailing address and telephone number.
6. If you return to a light-duty job, you must make sure that you do not go beyond either the duties of the job or your physician's restrictions. If your restrictions change at any time, you must notify your supervisor at once and give your supervisor a copy of the new medical release.

## EMPLOYEE ACKNOWLEDGMENT

1. The Return to Work Policy/Procedure has been explained to me.
2. I have read and fully understand all the procedures and responsibilities.
3. I agree to observe and follow these procedures.
4. I understand my failure to complete my responsibilities may result in disciplinary action up to and including termination.
5. I have received a copy of this policy and procedure.

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Employee Signature

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Date

**(Copy to Personnel file)**

Date \_\_\_\_\_

Name of employee \_\_\_\_\_

Address \_\_\_\_\_

City, state, zip \_\_\_\_\_

SAIF claim no: \_\_\_\_\_

Date of injury \_\_\_\_\_

Dear \_\_\_\_\_:

Your attending physician, Dr. \_\_\_\_\_, has released you for modified work. We have located a temporary position for you, which your physician feels you will be able to perform successfully. The availability of this position will be periodically reevaluated.

The job is: \_\_\_\_\_. See attached job description with physician's approval.

You will be receiving \$ \_\_\_\_\_, per (hour/week/month). SAIF Corporation may supplement your wages with workers' compensation benefits.

We ask that you report for work on:

Date _____	Hours per day/week _____
Time _____ (am/pm)	Duration of job _____
_____ (shift)	

Report to \_\_\_\_\_ Phone \_\_\_\_\_

Location \_\_\_\_\_  
(This location is less than 50 miles from where you were injured or less than 50 miles from where you live.)

If you receive this letter after the start date of this job, the job will begin 24 hours after your receipt of this offer. Immediately upon receipt of this letter, please contact:

\_\_\_\_\_

**Failure to report to work could affect time-loss compensation, vocational eligibility and could affect your reinstatement rights.**

Please see attached Oregon Administrative Rules concerning your rights and obligations under this offer of transitional/temporary employment. These attached rules are fully incorporated into this job offer. If you refuse this offer of work for any of the reasons listed above, you must write to the insurer or employer and tell them your reason(s) for refusing the job to keep your temporary total disability from being reduced or stopped. If the insurer disagrees and reduces or stops your temporary total disability, you have the right to request a hearing.

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

Sincerely,

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

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date