File: GBEC

Light/Modified Duty Policy (For Occupational Injuries/Illness)

An active return to work program minimizes the emotional and economic costs of workplace injury for both the District and employee. The District may provide a light/modified duty program for those employees released by their doctor to return to work with some restrictions.

The following delineates the District's program regarding light/modified duty.

PROGRAM OBJECTIVES:

- A. To get all injured employees back to work as soon as possible without danger of reinjury.
- B. To reduce the number of lost time days.
- C. To increase communication between injured employees and the District and to ensure that proper and timely treatment is being received by the employee.
- D. To accomplish tasks for the employer which now frequently go undone or otherwise require extra help.

PROGRAM PROCEDURES:

A. An employee who has sustained a work-related injury or illness will report the injury/illness and receive treatment as provided under state law and described in the District's Safety Manual.

If it is determined in the preliminary or any follow-up examinations that an employee may not return to regular duty, but may return to light/modified duty, the testing physician will describe the work restrictions and the scope of work which can be performed.

- B. Light/modified work activities may be found for the employee within the physician's restrictions.
 - 1. If a medical report and/or return to work order listed temporary restrictions, a conference will be held with the supervisor and employee to determine if the employee can return to his/her regular job within the restrictions or if a light duty assignment is available within the employee's department. (The Director of Human Resources will be apprised of the results of the conference).

- 2. If no limited/alternative assignment is available within the employee's department, the Director of Human Resources will attempt to provide an assignment within the work restrictions somewhere else within the District.
- 3. If no work can be found, the employee will be placed on temporary total disability (TTD) until such time as appropriate work is available or restrictions are lifted.

4. Documenting Light Duty:

When an employee is related to return to work on light duty, an Agreement for Temporary Light Duty/Restricted Work must be completed. This process is typically initiated by the Wyoming Workers' Safety & Compensation Division. The terms of the offer must be stated on the agreement form. The injured employee's treating physician, or other licensed health care provider, must certify that the work offered is suitable for the employee and accommodates the employee's physical restrictions.

The fully completed agreement for Temporary Light Duty/Restricted Work must be submitted to the Human Resources Department when an employee returns to work in a light duty capacity (or shortly thereafter, if a preliminary release work was provided by the Doctor). An employee's refusal to accept an agreement for Temporary Light Duty/Restricted Work may also result in a reduction in Worker's Compensations benefits.

- 5. If the employee refused the light/modified duty assignment, the Director of Human Resources and the Superintendent will review the matter (in consultation with appropriate individuals and the Department of Workforce Services) and may reduce or terminate further occupational injury/illness leave.
- C. The light/modified duty program is designed to assist employees with temporarily disabling injuries; therefore, only short term assignments will be provided through this program. The employee's recuperation will be monitored by his/her physician with status evaluations submitted monthly or at more frequent intervals if reasonable and appropriate. If an employee cannot be released to full duty, the employee's physician may be requested to provide a more detailed report, delineating the employee's status and probability of returning to full duty. If no report is provided, the employee may be required to go to an independent medical evaluation.

Adopted: May 8, 2012