



Workers' Compensation Return to Work Program

It is the intention of the Yosemite Community College District to support the development, implementation and monitoring of an early return to work policy that is consistent with all applicable laws of California.

The purpose of a return to work policy is to return employees who have suffered a work-related injury to work in a transitional position that is within the temporary work restrictions assigned by the treating doctor.

The return to work policy is designed to meet the needs of both Yosemite Community College District and employee, by returning the employee to a productive environment as quickly as possible. Participation in the program will not exceed 90 calendar days.



Procedures

1. The injured employee is released to return to work by treating doctor with temporary modified work restrictions. The employee must notify his or her supervisor and the Benefits Office immediately of their release and provide a return to work slip outlining temporary modified work restrictions.
2. Supervisor and the Benefits Office will determine if employee can be accommodated within the assigned temporary modified work restrictions. If an accommodation can be made, supervisor and/or office administrator will determine appropriate work duties to be performed while on temporary transitional duty. If an accommodation cannot be made, employee will be placed in non-active status and provided with temporary disability benefits through third party administrator.
3. Supervisor or the Benefits Office will notify the third party administrator concerning the injured employee's work status as soon as possible.
4. When the employee is notified that transitional duty is available, the supervisor and the Benefits Office will provide the employee with a Notice of Temporary Transitional Duty outlining the requirements of the Return to Work program, which is not to exceed 90 calendar days.
5. Should the employee choose not to return to work or refuse to perform the transitional duties as assigned, the employee is required to provide a notice from treating doctor. This notice must state that the employee cannot perform the transitional duties as assigned or is temporary totally disabled (TTD) from all work. Should the employee fail to provide any valid reason why he or she cannot work, disciplinary action will be initiated. Supervisor and the Benefits Office must notify the third party administrator that the employee is refusing to work. During this off work period, the employee must use accrued vacation time as compensation. Industrial/Accident Leave time (Ed Code benefits) cannot be utilized during this off work period. The employee is not eligible for temporary disability benefits until the employee provides an appropriate notice from treating doctor.
6. The supervisor will monitor the employee while on temporary transitional duty to insure the employee is working within the assigned work restrictions. Monitoring will continue until the employee is released to regular duty or a maximum of 90 calendar days, whichever comes first.
7. If the employee continues with temporary modified work restrictions beyond the 90th calendar day, the employee will be taken off work and placed in non-active status and provided with temporary disability benefits through the third party administrator in coordination with Ed Code accident leave benefits.
8. The Supervisor and the Benefits Office will keep in communication with the employee while off work to insure that off work slips from treating doctor remain current during the leave.



NOTICE OF TEMPORARY TRANSITIONAL DUTY

Yosemite Community College District has developed a Return to Work Program as a benefit to all employees. You are a valuable resource to Yosemite Community College District and we are pleased that your treating doctor has approved you for temporary transitional duty. You will be assigned work duties that are within your limitations outlined by your treating doctor. Effective immediately, you are placed on temporary transitional duty:

Employee Name: _____

Job Title: _____

Supervisor: _____

Restrictions: _____

Work Hours: _____

Effective Dates of Transitional Duty: _____ to _____
(Not to exceed 90 calendar days)

If you are unable to report to work, please contact your supervisor and the Benefits Office immediately. This is a temporary assignment that is subject to change and will not exceed 90 calendar days. If at any time you feel you are unable to perform the temporary transitional duty assignment or you feel the physical requirements of the position exceed your limitations placed by your doctor, please notify your supervisor and/or the Benefits Office.

I have read and understand the above:

Employee Signature

Date

Supervisor

Date