



Transitional Return to Work Program Manager and Supervisor Toolkit

Supervisor Information Sheet

Provides supervisor with an overview of the goals and philosophy of the Transitional Work Program and step-by-step instructions on how to develop a Transitional Work Plan.

Transitional Return to Work Plan Agreement

Form on which the supervisor documents the temporary arrangements made in order to allow an employee to continue to work while recovering from an injury or illness.

Employee Information Sheet

Provides employee with an overview of the goals and philosophy of the Transitional Work Program and their role and responsibilities. Supervisor provides this information sheet to the employee at the time of plan agreement.

Physician Inquiry Instruction Sheet

Provides supervisor with instructions on how to obtain or clarify work restrictions with an employee's health care provider.

Letter to Physician

Cover letter to accompany the Work Status Form. Given to employee to take to their health care provider along with the Work Status Form and copy of their job description. Cover letter is a request for the physician to complete the Work Status Form.

Employment Status Form

Form to be completed by the physician in order to obtain or clarify employee's work restriction.

Authorization for Release of Medical Information

Form to be completed by the employee in order to obtain or clarify employee's functional work restrictions.

Reasonable Accommodation Record of Action

Form on which the supervisor documents the temporary or permanent accommodations made in order to allow an employee to perform essential functions while recovering from an injury or illness.

Steps to the Interactive Process for Supervisors

Form which outlines the interactive process to develop reasonable accommodations that allow an employee to continue to work while recovering from an injury or illness

Role of the Rehabilitation Counselor/Disability Manager

SUPERVISOR INFORMATION SHEET

The supervisor plays a very important role in the recovery of an injured/disabled employee. One proven way of increasing a disabled employee's recovery time is by allowing him/her to return to work with temporary work restrictions. A quicker recovery period often results in an earlier return to regular job duties, which benefits both the employee and the department.

The process in which to accomplish this return to work is UC Merced's Transitional Return to Work Program. This program allows an employee with temporary work restrictions to work in a transitional position, for a defined period of time (up to 90 days), while recuperating from an injury or illness. Transitional work can be:

- Modified Work - Changing or eliminating specific job duties within the employee's regular job to meet the temporary work restrictions;
- Alternative Work - Offering the employee a position other than his/her regular job to meet the temporary work restrictions;
- Reduced-Hours Work Schedule - Offering less than full-time work to meet the temporary work restrictions.

The success of a transitional return-to-work program relies on the collaborative efforts between the employee and the supervisor. Both parties need to be a part of this process to ensure success. The following is representative of the Transitional Return to Work process:

- Treating physician releases employee to transitional/temporary work.
- Treating physician provides work restrictions in writing to employee.
- Employee provides work restrictions to supervisor.
- Supervisor and employee engage in an "interactive" dialogue to discuss possible temporary job modifications, alternative work, and/or reduced-hours work schedule.
- Supervisor and employee discuss the plan with the vocational rehabilitation counselor as required to develop reasonable accommodations and the TRTW plan.
- Supervisor and employee determine start and end date of this Transitional Return to Work Plan.
- Supervisor completes TRTW Plan document once the details have been agreed upon.
- Supervisor reviews Transitional Return to Work Plan with employee.
- Supervisor reviews "Employee Information Sheet" with employee.
- Supervisor and employee sign and date Transitional Return to Work Plan.
- Supervisor gives copy of signed Transitional Return to Work Plan to the employee.
- Supervisor keeps copy of signed Transitional Return to Work Plan in a confidential file separate from the employee's regular personnel file.
- Employee starts the Transitional Return to Work plan as agreed upon.
- Supervisor monitors and documents the status of the employee's return-to-work.
- Supervisor reviews the progress of the Transitional Return to Work Plan with employee at an agreed upon date (e.g., midpoint) and advises the Counselor.

UC Merced provides temporary transitional return-to-work (TRTW) assignments for eligible employees temporarily unable to perform their usual and customary job duties due to a work-related or non-industrial illness or injury. This Transitional Return to Work Plan formally documents the temporary assignment made in order to allow the employee to return to work safely based on the treating health care provider's temporary restrictions. Agreements made in this plan are based on the interactive process between the employee and the supervisor. TRTW assignments may last up to 90 days. (Extension will be considered on a case-by-case basis (see TRTW Program Guidelines). **Fax the completed form to the Vocational Rehabilitation Counselor @ (209)-228-2978**

Employee Name:	TRTW Period:
Regular Job Title:	
Department:	Supervisor Name:

On _____, Dr. _____ has indicated the temporary work restrictions listed below:

Employee's Responsibilities:

- Observe all work, attendance, and safety rules at the TRTW location.
- Work within the restrictions recommended by the treating physician
- Limit hours to 8 hours/day, 40 hours/week, regular schedule; or part time schedule recommended by physician.
- Obtain approval for any overtime from the physician and the supervisor in advance.
- Notify TRTW supervisor of medical and related treatment appointments three (3) days prior to the appointment and schedule appointments during non-work hours when possible.
- Contact TRTW Supervisor and Vocational Rehabilitation Counselor prior to beginning of shift if unable to work for any reason.

TRTW Supervisor's Responsibilities:

- Insure that duties assigned are within the physician restrictions.
- Contact the Vocational Rehabilitation Counselor/Disability Manager immediately in the event of performance or attendance problems.

TRTW Assigned Job Duties and Responsibilities:

Perform essential functions of _____ (Attach Job Description)
Job Title

By signing this Agreement, the employee and supervisor acknowledge their responsibilities and agree to follow the restrictions listed above. The purpose of the temporary assignment is to provide UC Merced employees the opportunity to continue to work while recovering from an injury or an illness. The Transitional Return Work Plan does not represent a permanent change in the employee's job description. In the event that any problems develop during the period of this agreement, it is important to address them through an open and supportive communication and the interactive process. When assistance is needed contact the Vocational Rehabilitation Counselor/Disability Manager at (209) 228-2943.

Employee Signature		Supervisor Signature	Date
Date		Vocational Rehabilitation Counselor Signature	Date

Employee Information Sheet

UC Merced values our employees and their contributions; therefore, the University strives to provide employees with an injury or disability the opportunity to return to temporary or transitional work as soon as his/her condition permits. Transitional work allows an employee with temporary work restrictions to work in a modified, alternative, or a reduction in hours capacity, for a defined period of time, while recuperating from an illness, medical condition or injury. In the majority of cases, transitional work has a positive impact on an employee's recovery time while converting to customary work.

In your case, your treating physician has released you for transitional work and your department can accommodate your work restrictions. Depending on the nature of your work restrictions, your transitional work may not be that different from your regular job. Your supervisor will discuss with you the details of your transitional return-to-work plan. These details will be documented in a Transitional Return to Work Plan so that your department and you will both have a clear understanding of your temporary job duties and/or work restrictions. Please bear in mind that this is not a permanent position.

If your transitional job is full-time, you will receive your regular pay and benefits during your transitional assignment. When you have been released to work only on a part-time basis, your pay, benefits, and hours will be adjusted accordingly. Your department benefits representative can help you determine how your pay and benefits will be affected if you return to work on a part-time basis.

Your cooperation is necessary to a successful Transitional Return to Work Plan, and you need to be an active participant in this program to make it work. Therefore, the following provides some guidelines to follow:

- Follow the work restrictions recommended by your physician. If asked to perform a task that exceeds your restrictions or if you feel unable to perform a task, it is your responsibility to immediately notify your supervisor.
- Follow all work and safety rules at the location of your TRTW assignment.
- Perform your transitional work duties in a professional and responsible manner, as in your regular assignment.
- Notify your supervisor immediately and provide medical documentation if your physician: takes you off work, changes your work restrictions, or releases you to your usual and customary job duties.
- Attempt to schedule doctor and physical therapy appointments at a time when you are not scheduled to work. If you must leave work, you must receive approval from your physician.
- Notify your supervisor if you are unable to attend work for any reason.
- Do not to exceed your physician's recommendations or pre-injury appointment of the total working hours.

If you have any questions or concerns about your Transitional Return to Work plan, please contact your supervisor and the Vocational Rehabilitation Counselor @ (209)-228-2943.

Physician Inquiry Instruction Sheet

As a supervisor you may be required to obtain clarification concerning the employee's work restrictions. While you should not directly contact an employee's health care provider, you can request the employee to obtain this information for you. The two documents which follow this information sheet can assist you in this process.

- Complete the general information/identification sections on both the Physician Inquiry Cover Letter and the Work Status Form.
- Obtain a copy of the employee's job description.
- Inform the employee that you need further clarification concerning his/her work restrictions.
- Give the employee the Physician Inquiry Cover Letter, Work Status Form, and job description.
- Ask the employee to take these documents to the physician for completion.
- Inform the employee that the physician should complete the Work Status Form and return to the employee.
- Inform the employee that once returned by the physician, the Work Status Form should then be submitted to the Disability Manager.
- Inform the Disability Manager of any change in medical status or recommended changes to the TRTW Plan.



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UC Merced Transitional Return To Work (TRTW) Letter to Physician

Employee:
Date of injury:
Claim No.:

Dear Dr.

I have been informed that this employee is temporarily disabled in connection with the above injury. The University of California, Merced has developed a Transitional Return to Work program for employees and makes every reasonable effort to return injured workers to appropriate assignments within their restrictions for up to ninety (90) days. Our goal is to return the employee to work safely within their work restrictions and provide appropriate employment while the employee is recovering. The supervisor and Vocational Rehabilitation Counselor work together to develop appropriate tasks within the restrictions given by the treating physician.

Your recommendations are requested in order to determine if we can accommodate the employee in a temporary modified or alternative position. The university will need to know any work restrictions when you determine it appropriate to release your patient to return to work with limitations. Please complete the enclosed form indicating the employee's work status and your recommendations while being as specific as possible. You may fax the employee's medical status to my attention: Vocational Rehabilitation Counselor (209) 228-2978 (fax).

Thank you for your consideration of this request. Overall, providing modified and alternative employment allows employees to return to maximum health and productivity more rapidly than when required to stay off work during their recovery while minimizing the negative financial consequences of an injury or an illness.

If you have any questions or need any additional information, please feel free to contact me at (209) 228-2943. I look forward to hearing from you.

Sincerely,

Vocational Rehabilitation Counselor/ Disability Manager
University of California, Merced

Enclosures

Employee Name: _____

Department: _____

What is the specific date this employee will be released to return to work?

Is this employee able to perform the essential functions of this position? _____ Yes _____ No

Please list all functional restrictions/limitations.

Are the limitations temporary? If yes, until what date. _____ Yes _____ No

Are the limitations permanent? _____ Yes _____ No

Please list any permanent functional limitations.

If the employee is unable to perform this job please state reason(s) why.

Review the attached job description and complete all questions. Attach additional sheets if necessary. Return form via Fax, Email, or Mail, to:

Vocational Rehabilitation Counselor
Disability Management Services
University of California Merced
Human Resources
5200 North Lake Road
Merced, CA 95343
Fax: 209-228-2978
Email: tchurch2@ucmerced.edu

Employee Name:

Address:

Telephone:

Birth Date:

_____ is authorized to provide the information specified in my medical record; the information provided below to the UC Merced Vocational Rehabilitation Counselor for the purpose of the following:

- to ascertain whether or not I am medically qualified to return to work
- to determine my feasibility for benefiting from vocational rehabilitation services
- to assist with job accommodations and the interactive process.

The Vocational Rehabilitation Counselor is authorized to discuss this information with my Health Care Practitioner.

The medical information supplied will be restricted to the nature of the condition requiring accommodation, prognosis, any workplace functional limitations and the duration of such limitations.

Release or transfer of the specified information to any person or entity not specified herein is prohibited. An additional written consent must be obtained for any proposed new use of the information or for its transfer to another person or entity. I understand that I am entitled to receive a copy of this Authorization.

The limits of confidentiality have been discussed with the employee who understands them. For example, if the vocational rehabilitation counselor/disability manager believes that you are going to endanger yourself or others, then I am required to notify the appropriate authorities. Information in your file may be released in the event of a court order or subpoena. By signing this document you attest that you understand the information discussed and contained in this document.

This Authorization shall be valid until _____

Employee Print Name

Employee Signature

Date

Steps to the Interactive Process for Supervisors

The interactive process is an ongoing dialogue between the employee, the supervisor and disability manager. The employee and the university are responsible for participating in good faith. All steps of the interactive process must be timely and documented.

- Disability issue comes to manager or supervisor's attention through observation or request for accommodation.
- Supervisor consults with the employee to identify any job-related limitations.
- Supervisor asks employee for documentation of functional limitations from medical provider, unless limitations are obvious.
- The essential and non-essential functions of the job are identified through the interactive process.
- Supervisor and department head consults with the employee and the Vocational Rehabilitation Counselor, as needed, to identify possible accommodations.
- Employee and department research possible accommodations and discuss options. Consult with Disability Management Services for assistance with research, as needed.
- Implement the accommodation that is most appropriate for both the employee and the employer and is "reasonable".
- Reasonable Accommodation Record of Action or Temporary Accommodation form completed by the Supervisor.

Note: The manager/supervisor does not communicate directly with the employee's physician due to confidentiality. The vocational rehabilitation counselor or the employee is responsible for managing requests for clarification.

Role of the Rehabilitation Counselor/Disability Manager

- Initiates contact with the employee and/or supervisor to discuss the campus Transitional Return to Work (TRTW) Program. Provides information about the interactive Process for the Transitional Return to Work Job Assignment.
- When an employee has been off work for up to 30 days or more with or without a definite return-to-work date due to a medical condition or injury, the Rehabilitation Counselor/ Disability Manager contacts the supervisor and the employee to schedule a discussion of possible Transitional Return to Work assignment. Sends the employee the Letter to Employees re: Transitional Return to Work Program, (Attachment).
- Provides medical information specific to the functional limitations to the department supervisor or representative about job restrictions, as may be required to determine if an employee is able to perform the Transitional Return To Work job duties. The Benefits Manager, the employee and department supervisor or representative are consulted as required on obtaining additional documentation of the employee work capacities.
- Consults with the Department Supervisor or Representative in the development of acceptable Transitional Return to Work Job Assignments by reviewing current employee job description, medical status and work restrictions. Modifies present job duties or investigates alternative work options to comply with the employee's work restrictions within the department.
- Reviews the proposed Transitional Return to Work Agreement for compliance with the employee work restrictions, UC policies and procedures, labor contracts and applicable state and federal laws. Consults with the Departments on the completion of and any necessary changes to the Transitional Return to Work Agreement.
- A Job Analysis or Functional Capacity Evaluation (Attachment) of the injured employee's regular job duties and/or modified alternative duties is completed by meeting with both department supervisor or designated representative and injured employee and submitted to the treating health care provider or qualified medical examiner.
- Meets with the department supervisor or representative and injured employee as required, engaging in the interactive discussion of potential job modifications that comply with employee's temporary job restrictions.
- Makes recommendations and arranges for ergonomic work-site evaluations to be conducted by the Rehabilitation Counselor/Disability Manager, Environmental Health and Safety or an Occupational Therapist (OT) or Physical Therapist (PT) on an "as needed" basis.
- Informs the Benefits Manager when the employee actually begins and ends work on the Transitional Return to Work Job Assignment.
- Maintains periodic contact with the department supervisor or representative and the employee as required (minimally every four to six weeks) to monitor the employee's medical progress, success of the Transitional Return to Work Job Assignment, and if the assignment should be continued for additional periods (not to exceed 90 calendar days). Consults with the Benefits Manager and the department supervisor or representative on any problems with, and any needed modifications, and extensions for the employee's Transitional Return to Work Job Assignment.
- Maintains case files and computer tracking system of the employees' disability status and Transitional Return to Work Job Assignments for injured employees on the University's Workers' Compensation claims system, the third party administrator claims system for the short term and long term disability policies and ADA accommodations for the annual report. Maintains database on the Transitional Return to Work program, including the employee's name, department, and number of working days saved per employee, and potential dollars saved through the Transitional Return to Work program.
- Works closely with the Transitional Return to Work Team, the department supervisor or representative, the Benefits Manager, the Occupational Health Facility, and the Health Care Provider, communicating information among Transitional Return to Work Team members, as needed.
- Provides training to Department Supervisors and Representatives on the Americans with Disabilities Act, Fair Employment and Housing Act, Family Medical Leave Act and related legislation and regulations and UC policies, reasonable accommodations and the interactive process, disability management, and implementation of the UC Merced Transitional Return to Work Program.