

RETURN TO WORK PROGRAM

- I. PURPOSE:** It is the purpose of this program to provide guidelines for employees injured on the job who are unable to return to his/her regular job classification upon returning to work.
- II. POLICY**
- A. It is the policy of the City of Urbandale to provide modified or alternate work for an employee injured on the job, who is unable to temporarily or permanently return to his/her regular job classifications. Regular modified and alternate work will be provided as available in compliance with the Americans with Disabilities Act (ADA) and Iowa Workers' Compensation Act.
- B. The City of Urbandale will make reasonable accommodations to a disability unless the accommodations would impose an undue hardship on the employer. The disabled employee must be able to perform the essential functions of the job with or without reasonable accommodation.
- C. The feasibility of reasonable accommodations shall be determined on a case-by-case basis taking into consideration the employee, the specific physical or mental impairment, the essential functions of the job, the work environment, and the ability to provide accommodations.
- D. Objectives:
1. To return the employee who is injured on the job to work as soon as possible when there is not a significant risk of substantial harm to themselves and others.
 2. To minimize financial hardship and emotional stress to the employee who has sustained a work-related injury.
 3. To assist the employee in returning to work at a level as close as practicable to his/her pre-injury earnings and productivity.
 4. To retain qualified and experienced employees.
 5. To reduce the cost of disability benefit programs.
- E. Temporary Alternate Duty (TAD):
1. TAD is defined as modified duties or hours assigned to a worker injured on the job, when the physician indicates they can return to work but who are not yet physically capable of handling the entire job duties normally assigned, and his/her work-related injury has not reached maximum medical improvement.

2. The purpose of TAD is to provide temporary work, within medical restrictions, for an employee injured on the job. TAD may be available with medical prognosis indicating that the employee is expected to return to full duty following a course of medical treatment.
3. If an alternate duty position is available, the employee must be provided with TAD as soon as medically feasible. An alternate duty position may be either within his/her department, if available, or within another City department, as coordinated by the City's designee. TAD should be consistent with the employee's physical/mental abilities.
4. An employee in TAD capacity will continue to receive the salary and benefits of his/her job classification. A TAD assignment should be reviewed after each medical appointment, normally every 7 to 14 days. TAD will not normally exceed three months (90 calendar days).
5. TAD Procedures:
 - a. City of Urbandale Designee or Workers' Compensation Designee:
 - 1) Informs physician about the TAD program.
 - 2) Informs employee about the TAD program.
 - 3) Informs Workers' Compensation Adjuster of employee's availability to the TAD program.
 - 4) Obtains information regarding medical condition of employee from the City's designated healthcare provider.
 - b. Department Representative and/or Employee's Supervisor, along with Workers' Compensation Designee:
 - 1) Develops work assignments on a case-by-case basis, if available, depending on medical restrictions.
 - 2) Develops appropriate TAD assignments, and monitors on-going medical and work adjustment.
 - 3) May meet with injured employee to review TAD status.
 - c. Employee:
 - 1) Reviews and signs *Appendix A or Appendix B*, Return to Work Program Statement of Acknowledgment.

- 2) When the physician has determined that Maximum Medical Improvement has been reached and the employee is able to perform the essential job duties of his/her job with or without reasonable accommodations, the employee shall return to the job classification and duties held prior to the work injury.

- 3) When the physician has determined that Maximum Medical Improvement has been reached, and the employee is unable to perform the essential job duties of his/her job with or without reasonable accommodations, the employee may be assigned to a Ninety (90) Day Modified Duty Assignment.
 - a. An employee assigned to a Modified Duty Assignment will either report to in his/her regular department or the assigned City department coordinated by the City's designee. The employee shall be assigned to do whatever work he/she is able to do, under the restrictions that the City's designated healthcare provider has placed on the employee.
 - b. An employee placed on Ninety (90) Day Modified Duty Assignment shall continue to receive the salary and benefits of his/her regular job classification.
 - c. During the ninety (90) day period, the employee on Modified Duty Assignment will be encouraged and afforded opportunities to bid on or apply for other jobs for which they are able to perform the essential functions of the job.
 - d. The Human Resources Department will provide notices of available jobs to each employee on Modified Duty Assignments.
 - e. At the conclusion of their ninety (90) day Modified Duty Assignment period, employees who have been unsuccessful in obtaining other jobs for which they are qualified and for which they are able to perform the essential functions or if no jobs were available within the City, shall be laid off, unless an applicable collective bargaining contract extends the time of the Modified Duty Assignment period. Laid off employees shall be afforded all rights and benefits included in applicable collective bargaining contracts and/or personnel policies in effect at the time of the layoff.

- f. City of Urbandale will assist employees laid off as a result of permanent restrictions and will provide information on how to apply for permanent disability from Social Security and IPERS when it is appropriate.

F. Responsibilities of the Employee:

- 1) The employee is responsible for notifying the Human Resources Department of any changes to his/her current mailing address. Job vacancy notices will be mailed to the last address shown on the City of Urbandale's records.
- 2) To determine the appropriateness of the job assignment, the employee who is unable to return to work without restriction is responsible for keeping his Department Head (or the Department Head's designee) informed of the status of the employee's medical condition.
- 3) If the employee rejects any assignment which is compatible with given medical restrictions, the employee shall not be compensated by the City of Urbandale or the City of Urbandale's workers' compensation carrier with temporary, partial, temporary total or healing period benefits during the period of refusal (*Code of Iowa, Section 85.53*).
- 4) The employee assumes responsibility for contacting the Human Resources Department to apply for available jobs.

A. Appendix A

Return to Work Program Statement of Acknowledgement

I acknowledge that I have been informed of the City of Urbandale's Temporary Alternate Duty (TAD) program, and I understand and agree to abide by the restrictions defined by the City's designated healthcare provider's physician and by the City of Urbandale as a condition of my participation in the *Return-to-Work* program.

I further understand that if I do not follow the restrictions placed on me by the physician and the City of Urbandale, I may receive disciplinary action up to and including discharge.

Employee

Signature/Date: _____

Witness

Signature/Date: _____

B. Appendix B

Return to Work Program Statement of Acknowledgement

I acknowledge that I have been informed of the City of Urbandale's Temporary Alternate Duty (TAD) program, and I understand and agree to abide by the restrictions defined by my personal physician, as provided to my supervisor, and by the City of Urbandale as a condition of my participation in the *Return-to-Work* program.

I further understand that if I do not follow the restrictions placed on me by the physician and the City of Urbandale, I may receive disciplinary action and/or no longer be eligible to participate in the program.

Employee

Signature/Date: _____

Witness

Signature/Date: _____