



Return To Work



Tool Kit

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1. RETURN TO WORK PROGRAM

1.1. WHAT IS A RETURN TO WORK PROGRAM?

A Return to Work (RTW) program, allows workers, who are unable to perform their regular job duties due to an injury or illness, to return to work in a temporary, limited, or light duty capacity while they recover. Disabled employees can be brought back to work in their current position with modifications, or placed in an alternate position until they are able to return to full capacity.

1.2. WHY IMPLEMENT A RETURN TO WORK PROGRAM?

The longer an injured worker is out of work due to disability, the less likely they are to return to work at all. and the more expensive the insurance claim becomes. Not bringing an injured employee back to work can add thousands of dollars to the cost of the claim.

Studies have shown that the sooner an injured employee can be brought back to work the faster they will recover and be able to return to their regular assignment. Transitional Work Assignments are to assist employees in the transition from having temporary restrictions to full recovery while continuing to be a productive part of the work group

2. BEFORE YOU START YOUR PROGRAM DETERMINE THE FOLLOWING:

1. What Department will coordinate the Return to Work Program-Risk Management or Human Resources?
2. Who will be the Return to Work Coordinator?
3. Where is cost center for RTW program-who is funding?
4. Who is doing the RTW Timekeeping?
5. What is the length of TWA 90 calendar days- can employee interrupt or is program 90 consecutive calendar days?
6. Can work assignments be outside employee's classification and regular bargaining unit?
7. Will employee receive regular pay for hours worked?
8. Will hourly and substitutes qualify for TWA?
9. Are employees with restrictions that permanently preclude the return to regular duties not eligible for TWA?
10. Will employee stay with regularly scheduled calendar?
11. Will RTW try to place at regularly assigned location or as geographically as close to possible to the employee's regular work site?
12. Will assignments will be progressive?

3. DEVELOPING YOUR PROGRAM

3.1. POLICY

It is the policy of the (**Name**) School District to provide Transitional Work Assignments to employees who are temporarily restricted from performing their regularly assigned job duties due to an industrial or non-industrial injury or illness. These assignments are provided as available and for a limited time period.

Transitional Work Assignments are designed to keep employees productive and part of a work group while they have temporary work restrictions due to an injury or illness. Studies have shown that the sooner an injured employee can be brought back to work, the faster they will recover and be able to return to their regular duty assignment.

3.2. ELIGIBILITY

Employees are eligible for a Transitional Work Assignment when they are temporarily restricted from performing their regularly assigned job duties due to an industrial or non-industrial injury or illness.

The employee must provide written medical documentation from their treating physician indicating their specific work restrictions and the estimated length of time they will have the restriction.

Employees with restrictions that *permanently* prevent them from returning to their regular duty position are not eligible for Transitional Work Assignments. Human Resources will manage such claims in accordance with Federal, State and District guidelines.

3.3. TRANSITIONAL WORK ASSIGNMENTS (TWA)

Transitional Work Assignments are temporary job tasks that may be a modification of regular job duties, or may be alternative job tasks that are outside of the regular job tasks, classification or bargaining unit.

Transitional Work Assignments **at the employee's regular rate of pay** will be offered accordingly:

1. Transitional work assignments are made for a maximum of **ninety (90) calendar days**.
2. The work is within the restrictions that are outlined by the employee's primary treating physician.

3. The Return to Work Coordinator with the input of the employee will identify Transitional Work Assignments. Assignments may include work outside of the employee's classification and bargaining unit.
4. The Transitional Work Assignment may be discontinued or changed as the employee's restrictions are modified by the employee's primary treating physician.
5. The Transitional Work Assignment will not result in the displacement or reduction in hours for any other employee.
6. Employees participating in a Transitional Work Assignment are responsible for notifying their transitional work assignment supervisor of all follow-up medical appointments and submitting documentation from the employee's primary treating physician of any change in employee's medical status.
7. Employees will first be offered Transitional Work Assignments in the regularly assigned site. When transitional work is not available at the employee's regularly assigned site, all efforts will be made to make transitional work assignment as geographically close as possible to the employee's work site.

3.4. TRANSITIONAL WORK ASSIGNMENT OFFER

The Transitional Work Assignment Offer form is a one-page form requiring signatures of the employee and TWA supervisor documents the specifics of the transitional work assignment and TWA agreements.

It outlines the dates of TWA, the work location, work hours, and specifies the employee's current medical restrictions.

Assignment are to be progressive, so there is evidence of recovery.

A revised form, with signatures, is required for any changes in the agreement including work restrictions. The TWA Offer is to be faxed or scanned to the Return to Work Coordinator immediately after employee begins the transitional work assignment.

3.5. SALARY PAID

The employee will receive their regular salary while participating in the Transitional Work Assignment.

There is no overtime or extra time allowed. The employee will stay on his/her regularly scheduled calendar.

3.6. TIMEKEEPING FOR RETURN TO WORK PROGRAM

Timekeeping will be provided by the Transitional Work Assignment site timekeeper. While on a Transitional Work Assignment the employee will enter time in and time out on a Transitional Work Assignment (TWA) Sign-In Sheet to be filled out by the employee.

For proper pay when absent the employee will fill out and sign the appropriate time card required by the District.

The signature of the Transitional Work Assignment supervisor is required on all time cards for employees active in the Return to Work Program.

3.7. WHEN RELEASED TO REGULAR DUTY WORK DURING THE RETURN TO WORK PROGRAM

The employee will:

1. Finish the Transitional Work Assignment on that same day.
2. Advise the regular duty site supervisor that a return to regular work has been provided.
3. Confirm with the regular supervisor where to report to work the following day.
4. Notify Risk Management and the Return to Work Coordinator immediately regarding the status change.

3.8. WHEN 90 CALENDAR DAY TRANSITIONAL WORK ASSIGNMENT ENDS

When employee has been released to regular duties, without restrictions the employee reports to their regular supervisor.

The employee will contact their regular supervisor, Tristar (**phone number**) and Human Resources (**phone number**) to discuss further options when employee continues to have work restrictions that prevent return to regular job duties. No additional transitional work will be provided beyond 90 calendar days for any injury or illness.

3.9. RETURN-TO-WORK SAMPLE POLICY

(on company letterhead)

(name of company) _____ has elected to adopt a return-to-work policy.) (name of company) _____ believes employees are the most important asset of our organization. We are committed to assisting our injured employees to return-to-work as soon as medically appropriate and to working with the medical community to help our injured employees regain their livelihood.

The focus of our Return-to-Work (RTW) Program is to meet the needs of both (Company name) and our injured employees. The intent is to utilize eligible injured workers in a productive capacity while they are recovering from an injury. The goal of temporary modified duty is to provide a progression of job duties that will return the injured worker to their regular job.

For this program to be successful, the injured employee must report all injuries to (appropriate contact name) on the same day of the incident. We will provide our injured employees with information about our Return-to-Work/Transitional duty program and other materials that can be presented to the treating medical provider so that when medically needed, a temporary transitional duty assignment can be designed as soon as possible.

Sincerely,

(Name) (Title)

I have read and understand the above:

Employee Signature: _____ Date: _____

4. RESPONSIBILITIES, TIMELINES AND ACTIONS

4.1. EMPLOYEE

Within 24 Hours After Injury/Illness

- Notify your supervisor of the injury/illness and obtain directions to an authorized treating physician.
- Seek appropriate medical attention.
- Inform the physician of the District's Return to Work Program.
- Take a copy of the description of your regular job duties to the treating physician if possible.
- Provide your supervisor with a copy of a work status form signed and dated by the treating physician that outlines your release to regular work or work with restrictions, if any, immediately after receiving medical treatment.

Within 24 to 48 Hours

Circumstances permitting

When treating physician does not have job description and/or when work status form is not available:

- Ask your supervisor for the following documents and carry them to your treating physician
 1. Notice to Attending Physician
 2. Physician's statement of Ability to Work
 3. Job Description
 4. Potential Transitional Assignment Descriptions
- Return the completed work status form or Physician's Statement of Ability to Work form to your supervisor immediately after receiving medical treatment.

At All Times After Injury

Be accessible to phone calls/contacts by your supervisor and /or Return to Work Coordinator. Their intent is to help you transition back to your regular job duties as soon as possible consistent with your medical status.

4.2. SUPERVISOR

Within 24 hours After Injury/Illness

- Complete the *Supervisor's Report of Injury/Illness* and fax the report to Risk Management at **fax number**.
- Review the work status report or *Physician's Statement of Ability to Work* that is signed and dated by the treating physician.
- Discuss with employee to determine his/her ability to return to regular job duties.

Within 24 to 48 Hours

Circumstances permitting

When treating physician does not have job description and/or when work status form is not available.

- Provide the employee with the following:
 1. Notice to Attending Physician
 2. Physician's Statement of Ability to Work
 3. Job Description of regular work
 4. Potential Transitional Assignment Descriptions
- Ask employee to give forms to treating physician.
- If the employee is not able to take the forms to his/her treating physician advise the Return to Work Coordinator immediately.
- Discuss with employee his/her ability to return to regular job duties when the employee brings the work status form signed and dated by the treating physician or the completed *Physician's Statement of Ability to Work*.
- Maintain periodic phone contact with employees who are recuperating at home.

Within 5 to 10 days

- If a transitional assignment has not already been developed and provided to the physician develop a transitional work assignment if the employee is not able to return to his/her regular duties.
- Complete a copy of the *Transitional Work Assignment Offer* to document the modified or alternative job duties available
- Send the Return to Work Coordinator a copy of the *Transitional Work Assignment Offer*.
- Notify the Return to Work coordinator if transitional work is not available within the employee's department or school.

Within 30 to 90 Days

- Review the transitional work assignment at least every **30 days** according to medical restrictions.

- Monitor the assignment to ensure compliance with procedure and timelines.
- At **75 days** of the transitional work assignment send employee a Memorandum with the date that the transitional work assignment ends and direct employee regarding who to contact next. Send a copy of the Memorandum to the Return to Work Coordinator.
- At **90 days** review work status for return to regular job duties, if employee is not released to regular work without restriction at the end of the 90 days of transitional work assignment the employee is sent home.

For industrial injuries/illness

- Direct the employee to Tristar regarding available benefits.

At All Times After Injury

- Revise the transitional work offer according to changes in employee's medical restrictions. Send a copy of a revision, if any, to Return to Work Coordinator.
- Supervise your employees in transitional work assignments as you would other employees who are subject to work performance standards and discipline according to normal practices.
- Maintain friendly and supportive contact with the injured employee throughout the transition process.
- Assure that the employee works within medical restrictions at all times.

4.3. RETURN TO WORK COORDINATOR

Within 24 Hours of Referral

- Contact treating physician to confirm their receipt of the employee's job description, Notice to Attending Physician, and Physician's Statement of Ability to Return to Work.
- Provide any of the documents that are needed, preferably by fax transmittal.
- Ask the treating physician to return the completed Statement of Ability to Return to Work form immediately (by fax if possible) identifying work limitations and abilities.

Within 24 to 48 Hours

- Obtain reports on initial evaluation, employee's ability to return to work and next appointment date.
- Contact the supervisor to review return to work expectations and to identify suitable tasks for transitional work assignment.
- Contact employee to identify suitable tasks for transitional work assignment. Review return to work process and expectations.

Within 5 to 10 Days

- Develop a transitional work assignment.
- Review the terms and conditions of the Transitional Work Assignment Offer and obtain signatures of the employee and supervisor.
- Notify Tristar and send Risk Management and Tristar a copy of the agreement.
- Assure that the employee is properly orientated to the transitional work
- Follow up with the employee and supervisor to address any RTW issues.

Within 5 to 90 Days

- Maintain contact with the employee and supervisor to assure employee is progressing well and to identify any problems.
- At **75 days** of the transitional work evaluate the status of the transitional placement
- Determine if the employee will be returning to his/her regular duties or if alternate plans are warranted including review for FMLA, FEHA/ADA.

Send Memorandum to employee as a reminder of the ending date to the **90 days** of the transitional work assignment

4.4. TRISTAR RISK MANAGEMENT

WITHIN 5 DAYS AND THEREAFTER

- Consult with the supervisor or Return to Work Coordinator regarding the employee's return to work status.
- Assure that there is no duplication of benefits and that employee is paid all benefits he/she is entitled to.
- Facilitate and coordinate communication between treating physician and Return to Work Coordinator when necessary.
- At **75 days** consult with supervisor and/or Return to Work Coordinator regarding the employees return to work status at the end of the **90 days** of transitional work.

5. SAMPLE LETTERS

5.1. PHYSICIAN LETTER

Instructions: Send this letter to the treating physician. Attach a blank copy of the “Attending Physicians Report”. Also attach a Description of Worker’s Regular Duties and the description of the available Transitional Assignment (s).

Date

Name of Physician:

Address 1

Address 2

City, State Zip

Dear Dr. (Name of Physician)

The above named worker is being seen by you for a worker’s compensation injury.

Attached is a job description that was conducted on the job this worker was performing at the time of injury. Also attached is a transitional assignment that is currently available for this employee. Please complete the attached “Attending Physician’s Report: Return-to-Work-Recommendations form and fax it to (RTWC’s fax number)

If you have any questions, please contact me at (Return to Work Coordinators phone number and fax #)

Sincerely,

Return-to-Work Coordinator

Attachments

5.2. ATTENDING PHYSICIAN'S REPORT: WORK STATUS

Date of Last Visit _____
Date of Next Visit _____

The **pre-injury occupation** of _____ is physically appropriate.
(Please provide date of release to regular duty) _____

Date

Worker is currently able to return to a **temporary modified or alternative** assignment.

Temporary work restrictions are:

Transitional Assignment attached is within this worker's current restrictions

yes

No (If no please explain below)

Worker **is not able to return** to temporary modified or alternative work at this time

Current Disability Status

This worker **is permanent and stationary**. The pre-injury occupation is **not** physically appropriate due to the industrial injury. Worker is **permanently** precluded from returning to the pre-injury occupation.

Permanent work restrictions are:

Date of P&S _____ (Please send P&S report if available)

Physician name

Physician's Signature: _____ Date _____

5.3. ATTENDING PHYSICIAN'S REPORT: RETURN-TO-WORK RECOMMENDATIONS

Instructions: Please return this completed form to employee and a copy to Tristar at fax number.

Employee: _____ Claim Number: _____

Date of Injury: _____ Evaluation Date: _____ Employee No: _____

Check one:

- Employee is unable to work and is TTD.
- Employee is released to return to Regular Work on (date) _____
- Employee is released to Transitional (Modified) Work from (dates) _____
to _____ and is anticipated to return to Regular Work on (date) _____

Employee is able to perform the following activities:

	No Restrictions	Total Hours Per Shift	Duration Per Hour
STAND			
WALK			
SIT			
DRIVE			
BEND			
SQUAT			
KNEEL			
CLIMB			
TWIST			
CRAWL			
DOMINANT HAND: Right or Left			
REACH			
Right Hand			
Left Hand			
Bilaterally			
Overhead			
GRASP			
Right Hand			
Left Hand			

	No Restrictions	Total Hours Per Shift	Duration Per Hour
FINE MANIPULATION			
Right Hand			
Left Hand			
Bilaterally			
USE KEYBOARD			
PUSH/PULL			
Right Hand			
Left Hand			
LIFT _____ LBS.			
CARRY _____ LBS.			

I expect the employee will reach maximum medical improvement status on (date) _____

Next appointment date _____ Other instructions/restrictions/comments

Physician's Signature

Date

Physician's Name (Print)

Phone Number

5.4. EMPLOYEE: OFFER OF TRANSITIONAL DUTY INSTRUCTIONS:

This is a sample letter to the injured worker to welcome them back to a transitional assignment. Your letter should be sent directly to the Employee on your company's letterhead by U.S. mail 1st class and also U.S. mail Certified Return Receipt.

Date

Name of Employee

Address

City, State Zip code

Dear (Name of Employee)

As a valued employee with our company, I am happy to inform you that we are able to offer you a temporary transitional position while you are recuperating from your injury. A description of your transitional assignment is enclosed.

By notice of this letter, Tristar will adjust your temporary disability benefits as of , 2016, the date your transitional position is scheduled to formally begin.

This letter serves as notice regarding your effective date of return to work as follows:

Date:

Time:

Location:

Contact:

If you have any questions, please contact me at (Return to Work Coordinators phone number and e-mail)

Sincerely,

(Name of Return-to-Work Coordinator) Return-to-Work Coordinator

Attachment

5.5. TRANSITIONAL WORK ASSIGNMENT OFFER

Employee:
Claim No.:
Date of Injury:
Employee No.:

Employer name goal is to assist employees returning to work after an industrial or non-industrial injury or illness. We are offering you a temporary transitional work assignment that is with the work restrictions outline by your physician. This assignment is being offered to you for a maximum of **90 calendar days** starting from **date**.

The temporary transitional work assignment may vary depending on available work, hours of the work, and any changes in your medical status. The assignment may be a temporary modification of your current assignment or it can involve alternative tasks that may be outside of your regular classification and bargaining unit.

While on a Temporary Transitional Work Assignment:

- You are accountable for your time and active participation in the work assigned.
- Notify your transitional work supervisor in advance regarding any absences including scheduled physical therapy and/or follow-up appointments related to your injury/illness.
- Submit documentation from your physician to your transitional work supervisor after follow-up appointments noting any change in your work restrictions or medical condition including a release to regular duties.
- Adhere to all medical restrictions as prescribed by your physician.
- No extra time or overtime is authorized.

Location of Temporary Transitional Work:

Department/School, Street, City, CA
Zip code

Start Date in RTW Program:

Hours per day:

Work Hours: am to pm

Supervisor's Name:

Current Medical Work Capabilities/Restrictions:

Date of report/name of physician/phone number:

Description of Temporary Transitional Work Assignment: Job tasks within restrictions. I understand that the offer of temporary transitional work shall not exceed 90 calendar days.

- If I am not released to my regular job duties at the end of the temporary transitional work assignment, I may not return to work until I am release of my regular duties by my treating physician.

- If I choose not to accept this temporary transitional work assignment I may not be compensated for the hours offered in this agreement.

Check one and sign below: I have read the above information and have had it explained to me

I accept the Temporary Transitional Work Assignment offered. _____

I decline the Temporary Transitional Work Assignment offered. _____

5.6. RETURN TO WORK (RW) PROGRAM TIMEKEEPING PROCEDURE FOR EMPLOYEES

Employee Sign-In Sheets While in the RTW Program

- Enter your time in and out each day on the sign-in sheet including the out and in times for all medical appointments which occur during work hours
- Do not sign in or out for persons other than yourself
- Sign in at the beginning time of your assigned shift or the time you arrive, if late.
- Do not sign out until you leave or at the end of shift.
- Be at your assigned work station/area at the beginning of shift
- Fax the completed sign-in-sheet to Risk Management (**Fax number**) on the 16th and the last business day of each month or on your last day in the RTW Program
- Keep a copy of all documents for your records.
- Adhere strictly to lunch and break time
- If you need additional sign-in sheets, contact **name** at **email address** or **phone number**.

For Proper Pay When Absent

- **Fill out and sign the appropriate timecard required by the District**
- Obtain the **signature** of your transitional work assignment supervisor on all time cards.
- Ask the physician's office to document your time in and out of the medical office on the Work Status Report and/or any medical documentation for all workers' compensation appointments.
- Submit a copy of your Work Status Report or documentation of your physical therapy or other workers' compensation related appointment with the Industrial Accident (IA) timecard to your Transitional Work Assignment timekeeper.
- **Fax all signed timecards (by employee and supervisor) and documentation to Risk Management FAX number as soon as you return to work.**
- Employee is allowed a maximum half hour travel time using IA to and from each workers' compensation appointment if travel occurs during the scheduled work shift. If travel time exceeds thirty minutes the employee must submit a timesheet using sick, vacation, or personal business or the additional time will be input as unpaid.

When Released to Regular Duty during RTW Program

- Finish your transitional work assignment **on that same day**.
- Advise your regular site supervisor that you have been released to full duty to confirm where to report to work on the following day.
- Notify either **name** Return to Work Coordinator at **name phone number** or **name** in Risk Management **phone number** immediately regarding your status change.

5.7. TRANSITIONAL SIGN-IN SHEET

MONDAY 2	TUESDAY 3	WEDNESDAY 4	THURSDAY 5	FRIDAY 6
In:	In:	In:	In:	In:
Out:	Out:	Out:	Out:	Out:
MONDAY 9	TUESDAY 10	WEDNESDAY 11	THURSDAY 12	FRIDAY 13
In:	In:	In:	In:	In:
Out:	Out:	Out:	Out:	Out:
MONDAY 16	TUESDAY 17	WEDNESDAY 18	THURSDAY 19	FRIDAY 20
In:	In:	In:	In:	In:
Out:	Out:	Out:	Out:	Out:
MONDAY 23	TUESDAY 24	WEDNESDAY 25	THURSDAY 26	FRIDAY 27
In:	In:	In:	In:	In:
Out:	Out:	Out:	Out:	Out:
MONDAY 30	TUESDAY 31	WEDNESDAY	THURSDAY	FRIDAY
In:	In:			
Out:	:Out:			

Please report absences daily & fax signed absent leave card to Risk Management/RTW Timekeeper.

Fax the sign-in sheet to Risk Management by the 16th of each month and the last business day of each month. Risk Management: **Phone number Fax number email address**

5.8. INTRODUCTION TO SITE SUPERVISOR WITH ASSIGNMENT DETAILS

Date

Dear name

Thank you for providing employee name, number of hours employee works and work title, **a transitional work assignment at your site.** Transitional Work Assignment Start Date 0/0/2016

Transitional Work Assignment Offer

Attached is a copy of the *Transitional Work Assignment Offer* for review and signature by both you and Mr./Ms. employee name. Please fax the signed copy to my attention at fax number, by date.

The offer outlines how Mr./Ms. employee name will work within his/her work restrictions on a temporary basis (up to 90 calendar days) while he/she is recovering from his/her injury.

Work Restrictions

Mr./Ms. employee name currently has the following capability/work restrictions:

- work restriction

Salary paid from Return to Work Program Cost Center

While Mr./Ms. employee name is participating in the transitional work assignment, his/her salary will be paid from the Return to Work Program's cost center. NO OVERTIME ALLOWED.

Please contact me right away if Mr./Ms. employee name provides you with a medical report that changes his/her status including a release to regular duties.

Attached is the Return to Work Timekeeping Procedure for Employees
TWA site **will provide timekeeping for the transitional work assignment.**

***Employee will stay on his/her regularly scheduled calendar.**

Return to Work Program Contacts

- **Questions regarding the RTW program**

Name **RTW Coordinator** company name

Phone: number **Fax:** number

Email: address

- **Questions regarding Timekeeping & Sign-In Sheets**

Name-Department

Phone: number Fax: number

Email: address

cc: Employee name with attachment (including **RTW Program Timekeeping Procedure for Employees**) Email sample: End of the TWA/RTW Program [Same Site]

5.9. FROM: RETURN TO WORK COORDINATOR

Dear **Transitional Work Assignment supervisor name:**

This email is a notice of termination of **employee's name** transitional work assignment which began at your site on **date**.

Transitional work is available for qualifying employees for up to ninety (90) calendar days.

Employee's name transitional work assignment ended prior to **his/her** 90th day, since on **date he/she** was released by his treating physician to resume **his/her** regular job duties without restrictions.

Accordingly, **Mr./Ms.employee's name** last day in the RTW Program with you at **TWA/RTW site** was **day of week, date** as **he/she** should have returned to **his/her** regular job duties on **day of week, date**.

Thank you again for supporting the Return to Work Program.

copy: Risk Management, Human Resources, Tristar, Employee's supervisor, Timekeeper

**5.10. SAMPLE EMAIL: END OF THE TWA/RTW PROGRAM
[ALTERNATIVE SITE]**

From: Return to Work Coordinator

Dear **Transitional Work Assignment supervisor name:**

This email is a notice of termination of **employee's name** transitional work assignment which began at your site on **date**.

Transitional work is available for qualifying employees for up to ninety (90) calendar days.

Employee's name transitional work assignment ended prior to **his/her** 90th day, since on **date he/she** was released by his treating physician to resume **his/her** regular job duties without restrictions.

Accordingly, **Mr./Ms. employee's name** last day in the RTW Program with you at **TWA/RTW site** was **day of week, date** as **he/she** should have returned to **his/her** regular job duties on **day of week, date**.

Mr./Ms. employee's name timekeeping would also have resumed with the **Home Department** as of **date**.

Thank you again for supporting the Return to Work Program.

copy: Risk Management, Human Resources, Tristar, Employee's supervisor, both Timekeepers

5.10. RTW BRAINSTORMING MEETING

Sample Letter to Employee to Schedule

Re:
Claim.:
DOI:
Employee No.:

Dear

has received work restrictions from Dr. which appear to conflict with the regular assigned duties of your position as Since it appears that it may be necessary to modify one or more of your job duties, we wish to meet with you to discuss and evaluate the most effective means to assist you in safely returning to work.

TIME:
DATE:
LOCATION:
CONTACT:
PH #:

Job modification may involve changing the manner in which you perform your duties, making modifications to your work area, providing assistive devices, altering work flow, changing work hours, or other changes that will allow you to work safely and productively. If it is not possible to modify your present position, we may consider providing you to an assignment of alternative job tasks within your work restrictions that are outside your regular job duties, classification and bargaining unit.

Please call the contact person listed above to confirm your attendance or to advise if you need to re-schedule the meeting time or date.

Sincerely,

cc:

6. SPREAD THE WORD

1. **Separately meet with managers, supervisors of departments participating in the Return to Work Program including:**
 - A. Food Services
 - B. Maintenance
 - C. Custodial
 - D. Bus Services
 - E. Paraeducators
 - F. School Police Services

2. **Separately meet with Principals and School Administrators.**

3. **Separately meet with union representatives of:**
 - A. Office-Technical and Business Services
 - B. Operations-Support Services
 - C. Paraeducators
 - D. School Police Services

4. **Do an email blast to each of the employee groups outlining the Return to Work Program.**
 - A. Principals
 - B. Department Heads
 - C. Managers
 - D. Supervisors
 - E. Administrative Assistants

6.1. E-BLAST SAMPLE

To Principals and Department Heads

Can you use an employee “free” to you who can assist with work at your location?

The Return to Work program can provide an employee “free” to you during a temporary transitional work assignment.

Transitional work assignments for a limited period assist employees who are temporarily restricted from performing their regularly assigned job duties due to an industrial or non-industrial injuries or illness.

Transitional work assignments are to assist employees in the transition from having temporary restrictions to full recovery while continuing to be a productive part of the work group. Employees will continue to receive their regular pay.

The assignment is offered for a maximum of 90 calendar days starting from the first day of the transitional work assignment.

Employees are paid from the Return to Work Cost Center and are **free** to the department that hosts the transitional work assignment.

Please contact Return to Work Coordinator **name, phone number** if you have any questions or are interested in providing a transitional work assignment through the Return to Work Program

6.2 SAMPLE BROCHURE

IF AN INJURY OCCURS:

Supervisor:

Contact the Risk Management Department upon receipt of a medical report that outlines temporary modifications for an employee's return to work.

Employee:

If you are injured, ask your supervisor for the following documents and carry them to your treating physician:
Notice to Attending Physician
Job Description of Regular Duty position
Job Descriptions of potential Transitional Assignment

Return to Work Coordinator:

Contact treating physician to confirm their receipt of the employee's job description and potential Transitional Work Assignment. Assist in identifying a suitable return to work assignment for the employee.

Contact Information

Risk Management Department:

Phone:
Email:
Fax:

Return to Work Coordinator:

Phone:
Email:
Fax:

Tristar Risk Management:

Phone:
Email:
Fax:

Human Resources:

Phone:
Email:
Fax:

RETURN TO WORK



Logo insert

TEXT BOX

RETURN TO WORK PROGRAM

Guidelines for your Transitional Return to Work program

Early Return to Work is the most effective method to control claims costs, increase productivity, improve employee morale and maintain positive relationships between the employer and his/her employee.

POLICY STATEMENT:

It is the policy of the **(Name)** School District to provide, when possible, transitional work assignments to employees who are temporarily restricted from performing their regularly assigned job duties due to an industrial or non-industrial injury or illness. These assignments are for a designated time period. Transitional work assignments are to assist employees in the transition from having temporary restrictions to full recovery while continuing to be a productive part of the work group.

ELIGIBILITY:

Eligible employees for a Transitional Work Assignment (TWA) are temporarily restricted from performing their regularly assigned job duties due to an industrial or non-industrial injury or illness.

Employees with restrictions that would permanently prevent returning to the job and hours worked at the time of injury are not eligible for Transitional Work Assignments.

TRANSITIONAL WORK ASSIGNMENTS:

Transitional Work Assignments are temporary job tasks that may be a modification of regular job duties, modification of regular work hours, or may be alternative job tasks outside the regular job duties, classification and bargaining unit.

Transitional work assignments **without loss of regular pay** will be offered accordingly: Transitional work assignments are made for a maximum of **ninety (90) calendar days**.

6.3. SAMPLE POSTER



RETURN TO WORK

Our Policy

It is the policy of Southwest Transportation Agency to provide, when possible, transitional work assignments to employees who are temporarily restricted from performing their regularly assigned job duties due to an industrial or non-industrial injury or illness.

It works

Studies have shown that the sooner an injured employee can be brought back to work the faster they will recover and be able to return to their regular assignment. Transitional Work Assignments are to assist employees in the transition from having temporary restrictions to full recovery while continuing to be a productive part of the work group.

Employee Eligibility

- Injured at work
- Is capable of productive work
- Has been released by his/her physician to work
- Cannot return to his/her pre-injury job for the district with our without reasonable accommodations as a result of his/her injury
- Is expected to be able to return to his/her pre-injury job within a definite period of time

Contact your supervisor or the Risk Management Department at:

(contact Information)

7. BENEFITS OF TRANSITIONAL WORK TO THE EMPLOYER

Helps Employers Control Costs:

- Transitional work is one of the most effective ways to control the cost of a workers' compensation claim.
- It directly reduces temporary disability (TD) costs, which usually represents the highest expense on a claim.
- It indirectly reduces litigation rates, medical and legal costs and the degree of permanent disability.

Helps Employers Manage the Claim:

- Transitional work gives the employer a way to stay aware of the employee's medical condition, activities and attitude.
- Transitional work keeps the employee connected to co-workers and the requirements of a work schedule. This can help the injured employee to make a faster recovery and stay out of a "disability rut".

Requires Employees to Work for Their Checks:

- The employee works for his/her check rather than just stay at home and collect temporary disability payments.
- The employer receives production for wages paid and retains valuable, trained employees.

Helps Control Fraud Issues:

The employer sends a powerful message to all employees:

- A work injury is not a ticket for a paid holiday.
- Employees know that they will work whether or not they can perform their regular jobs.
- Workers' compensation cannot be used for employees to get "paid time off work".
- When applied consistently over time, a transitional work program helps reduce frequency and severity of claims.

Helps Control Future Premium Increases (when employer is experience rated):

- Lower costs on a claim means lower reserves.
- Keeping reserves as low as possible impacts an employer's experience modification and can help control increases in future premiums.

Promotes Employee Morale:

- Helps injured employees to maintain their wages while disabled and make a smooth transition back to regular work.

Increase Self Esteem:

- Providing meaningful transitional work helps an employee feel like a productive member

Contribute to Speedy Recovery

- Keeping the injured worker physically active on a normal work schedule contributes to the healing process. Only 50% of disabled employees return to work after six months of inactivity only 10% after one year.

8. TRANSITIONAL TASK LIST

8.1 SCHOOLS

- Acting as a school crossing guard
- Answering phones provide headset if needed
- Assembling cutting coloring and duplicating materials
- Assisting in gym supply area
- Assisting in the library
- Assisting in the locker room
- Assisting nurses during immunizations
- Assisting teachers or being station helpers
- Cataloging and indexing books
- Changing lightbulbs
- Checking and repairing a equipment
- Checking and repairing safety equipment ie. smoke detectors first-aid kits, fire extinguishers
- Checking books in and out of the library
- Checking books that need repair
- Checking homework
- Cleaning and restocking bathrooms break room and lounges
- Cleaning water fountains
- Collected attendance slips
- Complete OSHA paperwork
- Conducting site building vehicle or other safety inspections
- Correcting papers and tests
- Driving or chaperoning during field trips
- Emptying waste baskets Ensuring kids sign in and out
- Entering information into computer
- Greeting guests, families.
- Displaying artwork and helping with classroom decorations
- Assisting during testing (test supervisor)
- Helping organize class plans
- Helping volunteer coordinator (s)
- Helping with special projects
- Listening to the children read
- Monitor bus routes Monitor cafeteria lunchroom
- Monitor hallways
- Organize files
- Painting trim
- Patrolling guest, teacher and student parking lot
- Perform light clerical copying, mailing delivering mail and messages period
- Picking up trash
- Proofreading bulletins meeting events etc.
- Reviewing program for videos

- Riding along on buses
- Serving meals and snacks
- Shredding documents
- Sweeping and vacuuming
- Tracking inventory books
- Training apprentices
- Updating safety or other manuals
- Wiping and cleaning surfaces to prevent the spread of flu viruses
- Working the reception area

8.2 DRIVERS

- Answering phones
- Assembly
- Auditing drivers logs
- Changing lightbulbs
- Cleaning shop areas, break rooms and bathrooms
- Cleaning vehicles
- Conducting site building vehicle or other safety inspection/surveys
- Counting inventory
- Delivering mail
- Dispatching
- Driving a lighter route
- Entering data
- Filing copying and typing
- Greeting customers
- Inspecting vehicles for safety equipment
- Monitoring alarms, video equipment electrical systems
- Monitoring truck maintenance and records
- Painting signs
- Performing safety walk-throughs
- Picking up trash in the yard
- Receiving incoming trucks in the warehouse
- Reviewing safety videos
- Riding with trainee drivers
- Servicing customers
- Shredding documents
- Sorting recyclables
- Training
- Updating job descriptions
- Updating maintenance logs
- Update safety manuals and MSD sheets
- Washing windows

8.3 FOOD SERVICE

- Answering phones
- Begging customer items
- Breaking down boxes
- Cashiering
- Changing lightbulbs
- Checking prices on invoices
- Cleaning break rooms
- Cleaning conveyor belts at registers
- Cleaning fixtures
- Cleaning windows and doors
- Collecting cardboard off shelves
- Collecting carts from the parking lot
- Conducting site building vehicle or other safety inspections/service
- Counting inventory
- Displaying advertisements and changing sale signs
- Emptying light trash cans
- Entering data
- Facing products
- Filing paperwork
- Filing supplies
- Greeting customers
- Handing out carts to customers
- Deliveries
- Making intercom announcements
- Making maps of store aisles
- Marking warehouse tags
- Matching orders
- Opening mail
- Organizing food shelves
- Overseeing new employees
- Passing out samples
- Performing price checks
- Performing safety walk-throughs fire extinguishers smoke detectors and first aid kits
- Repairing and safety equipment
- Restocking and cleaning the bathrooms
- Returning items to shelves
- Rotating products
- Running errands
- Scheduling employees
- Securing facilities and products
- Shredding documents
- [Sorting coupons](#)
- Stocking shelves
- Straightening shelves
- Stuffing envelopes

- Updating job descriptions
- Updating safety manuals and MSD sheets
- Working in the warehouse
- Working at the customer service counter
- Writing orders

9. FREQUENTLY ASKED QUESTIONS: RETURN TO WORK

What is the Return to Work Program?

The Return to Work (RTW) Program assists employees in returning to work quickly and safely after injury or illness. Although medical restrictions may preclude regular work, employees can often do transitional work assignments by modifying regular job duties or providing alternative tasks while recovering.

Why have a Return to Work Program?

The RTW Program is designed to reduce the negative impact of injuries and illnesses on employees by keeping them working and receiving their regular salary and benefits. Studies have shown that injured/ill employees recover faster and suffer less permanent disability when they are given the opportunity to participate in transitional work assignments.

How does the Return to Work Program Work?

Supervisors, Tristar, and the Return to Work Coordinator are available to assist employees who experience injury or illness and are released to work with temporary restrictions that preclude regular work. Once the restrictions from your treating physician are available there will be a meeting with you and your supervisor and or the Return to Work Coordinator to discuss available transitional work assignments.

Where will you be assigned to work the transitional work assignment?

Your supervisor will first try and modify your regular job duties, so that you can continue to do most of your regular work. When your regular duties cannot be modified sufficiently to be compatible with your restrictions, you may be provided alternative tasks that are outside your regular job duties, classification and bargaining unit. The assignment may be reduced work hours.

How long may transitional work be provided?

A transitional work assignment may be provided until you are able to return to full duties or up to 90 calendar days, whichever comes first. Most types of injuries and illnesses resolve within this time frame.

What do you need to do when returning to work?

1. It is important that you contact your supervisor in advance of your anticipated return to work, so that the process may be managed efficiently, especially if you have been absent for an extended period of time.
2. You will be asked to provide written documentation from your treating physician that you are not able to perform your regular job duties on a temporary basis due to injury or illness and that you are able to return to work with modification.

3. If you do not already have a *Transitional Work Assignment Offer* an “interactive dialogue” with you and your supervisor will be held to investigate transitional work and develop an agreement. Every effort will be made to place you in your home department.
4. If you and your supervisor are not able to determine an appropriate transitional work assignment, the Return to Work Coordinator will facilitate a discussion to establish an assignment.
5. You will be asked to sign the *Transitional Work Assignment Offer*.
6. Your transitional work assignment supervisor and or the Return to Work Coordinator will follow your progress.

What are your responsibilities during transitional work?

1. Perform your work safely observing all restrictions.
2. Notify your RTW supervisor if you:
 - A. Experience difficulties performing your assignment.
 - B. Will miss time due to scheduled physical therapy/and or medical exams.
 - C. Are unable to report to your transitional work assignment.

Who can I contact to learn more about the Return to Work Program?

You may contact your regular or transitional work assignment supervisor or you may contact the Return to Work Coordinator at **phone number**.

What are the benefits of the Return to Work Program to the employee?

The Return to Work Program (RTW) has guidelines that are consistently followed for all employees with industrial or personal injury or illness which impact their ability to perform their regular job duties on a temporary basis.

The RTW program also maximizes the use of the District’s experienced labor force and keeps employees informed of their rights and obligations.

Transitional work assignments can be tailored to individual employee needs, while the employee is provided the opportunity to stay in or rejoin the workforce and resume earning a regular salary while accruing benefits.

How do I participate in the Return to Work Program?

Once you are seen and evaluated by an authorized treating physician if it is a workers’ compensation claim or by your physician if it is a personal injury or illness, provide your supervisor with a copy of the work status report that is signed and dated by the physician.

When you have an illness or injury that prevents you from returning to your regular job duties on a temporary basis, your supervisor and or the Return to Work Coordinator will meet with you to discuss return to work options.

If you are off work, keep in touch with your supervisor

Is the Return to Work program only for work related conditions?

No, the Return to Work program is designed to help employees with work related and non-work related medical conditions return to work quickly and safely.

Who will determine if there is transitional work available for me?

When temporary medical restrictions are received, your supervisor and or the Return to Work Coordinator will meet with you to investigate transitional work. Your supervisor and or the Return to Work Coordinator will make a determination of the availability of transitional work based on your work restrictions and job tasks available.

What if my physician or I have questions about when and under what circumstances I should return to work?

At the onset, tell your physician that transitional work can almost always be made available on a temporary basis. Contact your supervisor, your examiner at Tristar if applicable, or the Return to Work Coordinator to coordinate a smooth return to work effort. Work with your supervisor and or Return to Work Coordinator to develop appropriate transitional work.

Is participation in the Return to Work program optional?

If your injury or illness is work related, your physician has released you to work, and the District can provide appropriate transitional work, you must participate or you may place your workers' compensation temporary disability benefits in jeopardy.

Do I need to sign anything if I return to work in a transitional work assignment?

Your supervisor or the Return to Work Coordinator will review the *Transitional Work Assignment Offer* with you for your signature.

How will participating in the Return to Work program affect my disability payments?

In most instances when you have returned to work you will resume earning your regular salary and your disability payments will end. One of the goals of the Return to Work program is to facilitate early return to work, as this usually results in increased overall cash flow to employees.

Will the transitional work assignment under the Return to Work program become my new job?

No. All work assignments under the Return to Work program are temporary.

Each assignment will last no more than 90 calendar days.

The District does not intend to create long-term jobs to accommodate permanent disability under the Return to Work program. Permanent accommodation of medical restrictions requires a formal accommodation review involving Human Resources.

10. HELPFUL GUIDES -CHECKLISTS AND FLOW CHART

10.1 EMPLOYEE CHECKLIST



Employee Checklist

Supervisor Name: _____

Date of injury: _____

Date of TWA placement: _____

Date of TWA completion: _____

Action	<input checked="" type="checkbox"/>	Date
Notify supervisor of any injury/illness and obtain direction for treatment (name and location of medical facility)	<input type="checkbox"/>	
Request Injury Accident Claim Form (DWC1), complete and hand to Supervisor	<input type="checkbox"/>	
Secure from Supervisor, Regular Duty Job Description and any Transitional Work Assignment Job Description options that are available	<input type="checkbox"/>	
Secure from Supervisor the following additional documents; Attending Physician's Report, Return to Work Recommendation letter and Physical Work Status Form	<input type="checkbox"/>	
Seek appropriate medical attention	<input type="checkbox"/>	
Notify physician of the District's Return to Work Program	<input type="checkbox"/>	
Provide physician with the following documents: Regular Duty Job Description, Transitional Work Assignment Job Description options, Attending Physician's Report, Return to Work Recommendation letter and Physical Work Status Form	<input type="checkbox"/>	
After each medical appointment, provide supervisor with completed Attending Physician's Report, and Physical Work Status Form	<input type="checkbox"/>	
If released to any type of work, discuss Return to Work options with your supervisor	<input type="checkbox"/>	
If placed off of work (TTD) provide your supervisor with updated Attending Physician Work Status Reports after each office visit. When release to work, immediately notify your supervisor	<input type="checkbox"/>	
If placed in a Temporary Transitional Work Assignment report as scheduled, make sure work is within identified work restrictions and comply with all District rules and regulations	<input type="checkbox"/>	
Be accessible to phone calls/contacts from supervisor, Claims Examiner and Return to Work Coordinator.	<input type="checkbox"/>	

10.2 SUPERVISOR



Supervisor Checklist

Supervisor Name: _____

Employee name: _____

Date of injury: _____

Date of TWA placement: _____

Date of actual TWA completion: _____

Date of 90 day completion: _____

Action	<input checked="" type="checkbox"/>	Date
Refer injured employee to MPN treatment facility or the employee's personal physician, if pre-designated. Notify Risk Management and Return to Work Coordinator	<input type="checkbox"/>	
Complete Employer's Report of Occupational Injury or Illness (Form 5020) and send to Risk Management	<input type="checkbox"/>	
Provide employee with Regular Duty Job Description and possible Transitional Work Assignment (TWA) options, if available	<input type="checkbox"/>	
Provide employee with Attending Physician's Report, Return to Work Recommendation letter and Physical Work Status Form	<input type="checkbox"/>	
Investigate accident and take immediate action to correct any hazardous situation and contact Safety Office if assistance is needed	<input type="checkbox"/>	
Review Work Status Report (PR-2) to identify employees' Return to Work status.	<input type="checkbox"/>	
If employee is not released to work (TTD) identify date of the next office visit and follow-up with employee for updated work status. Request updated work status after each office visit	<input type="checkbox"/>	
Review available Transitional Work Assignment job descriptions in Job Bank or develop one outside of available options	<input type="checkbox"/>	
Notify Return to Work Coordinator of TWA availability	<input type="checkbox"/>	
Sent TWA assignment to Return to Work Coordinator and discuss availability/start date, hours	<input type="checkbox"/>	
Note TWA 90 day end date in employee file	<input type="checkbox"/>	
Keep in weekly contact with employee during TWA assignment monitoring the assignment to ensure compliance with procedure and timeliness	<input type="checkbox"/>	
Review appropriateness of TWA assignment after receipt of PR-2 (doctor's status report). Modify assignment as needed	<input type="checkbox"/>	

At 75 days of TWA confirm with RTW Coordinator ending date of assignment	<input type="checkbox"/>	
At 90 days of TWA terminate assignment	<input type="checkbox"/>	

10.3 RETURN TO WORK COORDINATOR



Return to Work Coordinator Checklist

Return to Work Coordinator: _____

Employee name: _____

Date of injury: _____

Date of TWA placement: _____

Date of actual TWA completion: _____

Date of 90 day completion: _____

Action	<input checked="" type="checkbox"/>	Date
Identify employees work status: Classified, Certificated, hourly or substitute	<input type="checkbox"/>	
Call employee and explain the Return to Work Process, provide contact information	<input type="checkbox"/>	
Identify employee's work schedule	<input type="checkbox"/>	
Confirm employees medical status with physician	<input type="checkbox"/>	
Confirm physician has employees Regular Duty Job Description, fax if not	<input type="checkbox"/>	
Confirm physician has employees Transitional Work Assignment (TWA) options, fax if not	<input type="checkbox"/>	
Confirm physician has the Attending Physician's Report: Return to Work Recommendations and Physicians Work Status Form, fax if not	<input type="checkbox"/>	
Secure Work Status from physician: identify Return to Work status, work restrictions, date of next office visit, estimated date of return to full duty (if available)	<input type="checkbox"/>	
If employee is not released to return to work (TTD) identify date of next office visit and diary for physician follow-up. Once released proceed with Return to Work Process	<input type="checkbox"/>	
Communicate with the employee's supervisor regarding TWA opportunities: discuss return to work restrictions, TWA options, date of return to work	<input type="checkbox"/>	
If TWA opportunity exists within department, coordinate start date and task assignment with supervisor.	<input type="checkbox"/>	
If a TWA opportunity does not exist within department, search District for opportunities within the identified work restrictions.	<input type="checkbox"/>	
Call or meet with the employee to advise him/her of TWA start date, time, location and supervisor contact	<input type="checkbox"/>	
Confirm employee is aware of their work restrictions	<input type="checkbox"/>	

Complete TWA offer letter and send to employee with Proof of Service or Certified	<input type="checkbox"/>	
Complete Thank you/Introduction cover letters and send to TWA supervisor	<input type="checkbox"/>	
Complete Monthly Sign-in Sheet and add to internal binder	<input type="checkbox"/>	
Email Offer Letter, Thank You letter and Monthly Sign-in sheet to: employees regular supervisor, TWA supervisor, Risk Manager, Timekeeper (if different) and Tristar examiner	<input type="checkbox"/>	
Add employee to list of current participants in the TWA program to include start date and 90 day completion date	<input type="checkbox"/>	
Follow-up with TWA supervisor and regular supervisor every 30 days during TWA process or when work restrictions change	<input type="checkbox"/>	
Notify site supervisor when an employee completes 90 days of TWA, becomes TTD, is released to full duty, has claim denied or retires	<input type="checkbox"/>	
Send TWA termination and Thank You letter to the site supervisor when an employee completes 90 days of TWA, becomes TTD, is released to full duty, has claim denied or retires	<input type="checkbox"/>	
Call employee to advise of TWA termination and ask for feedback regarding process	<input type="checkbox"/>	
Remove employee from follow-up list and determine success of placement	<input type="checkbox"/>	

RETURN TO WORK COORDINATOR

Within the first 24 hours

Physician Contact

Provide Physician with Employees Job Description, Potential Transitional Task List, attending Physician Report, and Physician's Work Status Report.

Request Physician return Work Status Form immediately.

Within 24 to 48 hours

Physician Follow-up

Obtain Attending Physician Report, and Physician's Work Status Report.

Employee

Work with Employee to develop transitional opportunities.
Review the RTW Process and expectations.

Supervisor

Work with Supervisor to develop transitional opportunities.

Within 5 to 10 days

Transitional Assignment

Review terms and conditions of assignment with Employee.
Obtain Employee and Supervisor signatures.

Follow up with Employee and Supervisor to address any RTW issues.

Tristar

Notify Tristar prior to start date of Worker's transitional assignment.
Send copy of Employee's agreement

Risk Management

Send copy of Employee's agreement.

Within 5 to 90 days

Monitor

Maintain contact with Employee and Supervisor.

Evaluate

Determine if Employee will be returning to his/her regular duty.
Advise Worker and Supervisor of ending date of TWA (90 days)