



RETURN TO WORK AND LIGHT-DUTY ASSIGNMENTS

M.S.A.D. No. 75 believes that it is in the best interest of both the school system and employees who have suffered workplace injuries or illnesses to return to the work environment as soon as possible. Further, the Board recognizes the need for a program to effectively manage workers' compensation costs throughout the system, while conserving its most valuable resources – the skills, knowledge and experiences of its employees. To that end, the Board supports the establishment of a comprehensive return-to-work program, including transitional or "light-duty" work assignments, whenever appropriate, to minimize lost time and facilitate an employee's transition back to regular or full-time work.

Transitional or light-duty assignments, including modified work schedules, will be designed to accommodate job restrictions specified by the employee's health care provider. Transitional or light-duty assignments are intended to address short-term medical restrictions, and are not to be used as a means to establish new assignments or displace other employees.

Return-to-work Program

Employees must immediately notify their supervisor or school nurse of any work-related injury and complete an "*Employee Incident Report*" that must be forwarded to the Human Resources Department within 24 hours of the accident or injury. The employee's supervisor must also complete a "*Supervisor's Incident Report*" and forward it to Human Resources within the same time frame. If the accident or injury is not an emergency, medical treatment will be provided by US HealthWorks or the employee's own physician if preferred. Visits to US HealthWorks can be coordinated through Human Resources. If an employee is not able to return to their regular work duties and/or schedule, a transitional work assignment may be considered.

To be considered for a transitional work assignment, Human Resources will obtain details on the physical restrictions of the injured employee from the attending medical provider and review the restrictions with the employee's supervisor to determine whether there are light-duty assignments available in the employee's current department. If not, Human Resources will coordinate with other Administrators to identify any other appropriate assignments.

If an appropriate assignment is identified, Human Resources, the employee's supervisor and the employee will meet to discuss the new work assignment and complete the "*Employee Acknowledgement of Offer of Transitional Work*" form.

During the transitional assignment, Human Resources will meet with the injured employee to discuss concerns and evaluate progress every two weeks. Human Resources, in coordination with the employee's supervisor and the medical provider, may amend the transitional assignment should the employee demonstrate improvement or regression. The duration of the transitional assignment is contingent upon periodic medical evaluations.



M.S.A.D. No. 75

Employee Acknowledgement of Offer for Transitional Work

I, _____, have read and understand the attached Return to Work Guidelines.

I accept the work being offered which is in accommodation of the parameters set forth by my treating physician and agree to stay within my treating physician's parameters regarding my work capacities, which are:

I agree that I will begin the Modified/Transitional assignment on ____/____/____.

Schedule to work will be: _____

The Modified/Transitional assignment is as follows:

I agree that if I encounter any difficulties performing the above assignment, I will report this to my immediate supervisor. I understand that any difficulties I encounter will be evaluated by my supervisor, the Human Resources Department and my treating physician, if necessary, before any lost time will be authorized.

I will keep my supervisor and the Human Resources Department updated regarding my medical treatment. Upon medical release to return to my regular duties, I will notify my supervisor and the Human Resources Department.

Employee _____ Date _____

Supervisor _____ Date _____

Human Resources Representative _____ Date _____