

Town of Gorham

RETURN TO WORK PROGRAM INFORMATION AND PROCEDURES

The Town of Gorham provides a **Return to Work Program** for employees who have been ill or injured and who are unable to return to full duty. The program allows for the employee's job to be modified temporarily, or to perform an alternative duty position, when available.

In the attached packet, you will find information and forms to assist you in following the correct procedures when an employee who has been ill or injured has been released to return to work with some medical restrictions.

Return to Work Program forms:

- **Status Form** – The injured employee must take this form to the treating physician. The physician will use this form to indicate whether the employee must be off work, may work with restrictions, or may return to full duty. The employee should take the Status Form to the physician at each scheduled visit in order for the physician to certify the employee's continued need to be off work or for light duty.

The Status Form should also accompany the Temporary Assignment Job Description when it is sent to the treating physician for recommendations. The employee must return the completed Status Form to his/her Department Head within one working day following each visit with the physician.

- **Temporary Assignment Job Description** – The Department Head should complete this form. The Town Manager must approve the Temporary Assignment Job Description before it is presented to the treating physician. Once the physician has made changes/recommendations, the Department Head must determine whether the restrictions can be accommodated. If not, the department may withdraw the offer or try to make other modified/alternative duty arrangements.

- **Bona Fide Offer of Employment** – The Department Head must complete this form once the treating physician and the Department Head have agreed upon a temporary assignment job description. The employee must formally accept or reject the Bona Fide Offer. **Note: An employee who is not covered under the Family Medical Leave Act who is offered such a position and is certified by their physician as capable to perform the required job duties must accept the offer or risk disciplinary action including termination.**

Town of Gorham
RETURN TO WORK PROGRAM
Status Form

TO: **Examining Health Care Provider** **SUBJECT:** **Employee:** _____
FROM: **Town of Gorham** **SS#:** _____
DATE: _____

We want to assist our employee and your patient to return to work as soon as possible and assist him/her in performing essential job functions with the Town of Gorham. The information you provide on this form is vital and will be used for the following considerations:

- Allow the employee to work without risk of further injury;
- Revision of a temporary assignment if necessary that meets the employee’s needs and the needs of the Town;
- Provision of any temporary reasonable accommodations to aid the employee in performing his/her duties.

The employee’s job description is attached for your consideration:
_____ Regular Job Description _____ Temporary Assignment Job Description

If you have any questions regarding the information requested on this form, please contact:

_____	_____
Name & Title of Department Head	Telephone Number

TO BE COMPLETED BY HEALTH CARE PROVIDER

Considering this employee’s job duties and health condition, this employee may perform work in the following manner:

_____ Full Duty (no restrictions)	Beginning: _____
_____ Regular Job Description	
_____ Less than Full Duty (some restrictions)	Beginning: _____
_____ Temporary Assignment Job Description	
_____ Additional Restrictions to Temporary Assignment Job Description should be noted on the Temporary Assignment Job Description.	
_____ Off Work until Re-evaluated by Physician	Beginning: _____
_____ Next Office Visit Scheduled: _____	

Health Care Provider’s Signature

Date

**Town of Gorham
RETURN TO WORK PROGRAM
Temporary Assignment Job Description**

Employee Name: _____ Department: _____

Position Name: _____ Effective Date: _____

Essential Functions: (Health care provider: Indicate if the employee can/cannot perform the essential function listed by circling yes or no.
Department Head: List essential job functions)

_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No

Physical Requirements: (Department Head: Check those that apply to job described above. Health care provider: Check yes or no)

<u>Requirement:</u>	<u>Yes</u>	<u>No</u>	<u>Requirement:</u>	<u>Yes</u>	<u>No</u>
___ Lifting			___ Walking		
___ Moderate (15-45 lbs)	___	___	___ Standing	___	___
___ Light (up to 15 lbs)	___	___	___ Sitting	___	___
___ Carrying			___ Crawling	___	___
___ Heavy (45 lbs and up)	___	___	___ Twisting	___	___
___ Moderate (15-45 lbs)	___	___	___ Pushing	___	___
___ Light (up to 15 lbs)	___	___	___ Stooping	___	___
___ Reaching above shoulders	___	___	___ Kneeling	___	___
___ Straight pulling	___	___	___ Ability to read	___	___
___ Pulling hand over hand	___	___	___ Ability to type	___	___
___ Dual simultaneous grasping	___	___	___ Ability to write	___	___
___ Operating mechanical equipment			___ Hearing	___	___
Specify _____	___	___	___ Speaking	___	___
___ Operating office equipment			___ Climbing stairs	___	___
Specify _____	___	___	___ Simple grasp	___	___
___ Operating a motor vehicle	___	___	___ Repeated bending	___	___
___ Other: _____	___	___			

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Additional Recommendations/Restrictions: (Health care provider: List if applicable)

Doctor's Signature: _____ Date: _____

Doctor's Printed Name: _____

Approval of Department Head: _____ Date: _____

Approved by Board of Selectmen -- April 30, 2007

Town of Gorham
RETURN TO WORK PROGRAM
Temporary Assignment - Bona Fide Offer of Employment

To: _____

Date: _____

From: _____ Department Head
_____ Town Manager or Director of Finance & Administration

Subject: Bona Fide Offer of Employment

Type of Temporary Assignment Position: Modified Duty or Alternative Duty (circle one)

Temporary Assignment Position Name: _____

Specific Duties and Maximum Physical Job Requirements: See attached Temporary Assignment Job Description.

Department: _____

Department Head: _____

Temporary Assignment Location: _____

Expected Duration: Begin Date: _____ End Date: _____

The temporary assignment position will not be longer than one year and will end when you are able to return to full duty as certified by a health care provider or when the temporary assignment position terminates, whichever occurs first.

If you do not choose to accept this offer of employment, the N.H. Compensation Act allows for reduction or termination of your temporary income benefits if you are off work due to a Workers' Compensation approved injury or illness.

If you are not covered under FMLA provisions and fail to accept a valid temporary assignment post or to continue that assignment as long as certified by your health care provider as physically able, you may be subject to disciplinary action including termination.

The Town of Gorham is aware of and will abide by any physical limitations under which the treating health care provider has authorized you to work. It is your responsibility to inform the Town of Gorham of any change in status or work restrictions as recommended by your treating physician. You are required to submit a Return to Work Status Form to your Department Head within one working day following each visit to the health care provider.

If you have any questions about this temporary assignment position or job modifications, please contact your Department Head or the Town Manager.

I, _____, do hereby understand and formally (accept/ reject) the temporary assignment position outlined above. I understand that I must meet the eligibility criteria as outlined in the Return to Work Program Policy and must adhere to all health care provider's orders and Town of Gorham policies regarding this temporary assignment. I understand that I am under no obligation to accept this temporary assignment position. I also understand that my Workers' Compensation benefits may be reduced or terminated if I reject this offer. Furthermore, if I have exhausted my paid leave entitlements and FMLA entitlement, I may face disciplinary action, including termination.