



Guide to Workers' Compensation Return-to-Work Programs

Provided by SCS Agency Inc

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Introduction

One of the most significant components of workers' compensation is an effective return-to-work (RTW) program. Eliminating injuries and illnesses is paramount for reducing workers' compensation costs; however, after an incident, an RTW program can improve the lives of the employees by getting them back to work in an efficient manner. In turn, these programs can significantly reduce workers' compensation costs for employers by returning employees to work quicker cutting down on loss time and productivity.

Return-to-work programs comprise a range of components aimed at facilitating a smooth transition for employees returning to work after a prolonged absence due to a workplace injury or illness. At the core of these programs is a well-defined policy framework that outlines the organization's commitment to supporting employees during their return. A designated case manager or coordinator plays a pivotal role in overseeing the process, ensuring that the return-to-work plan is effectively implemented while coordinating communication between the employee, health care providers and the employer. Medical assessments conducted by health care providers help evaluate employees' fitness for duty and identify any necessary accommodations.

With an RTW program, employers provide accommodations and modifications such as ergonomic adjustments or modified workstations to support the employee's return. Additionally, employees may return to work gradually, starting with reduced hours or modified duties and increasing their workload over time. Employers can also offer training and support to help employees update their skills and adjust to any changes in their roles. Effective communication among stakeholders ensures everyone is informed and aligned throughout the process.

Regular evaluation of the RTW plan allows for adjustments based on the employee's progress and feedback, ensuring compliance with relevant laws and regulations. Fostering a supportive workplace culture is essential, as it promotes understanding, empathy and flexibility among colleagues and supervisors to ensure employees feel valued and supported during their transition back to work.

This guide provides an overview of RTW programs for employees with work-related injuries and illnesses. It examines the various components of RTW programs to help ensure employers understand what is needed for a successful program. In addition, the appendices provide multiple different RTW sample forms that employers may need for their RTW programs. Employers will need to review and customize these forms to fit the specific circumstances of their workplace and to reflect the state requirements for RTW programs.

What Are RTW Programs?

RTW programs are structured initiatives designed to facilitate the smooth transition of employees back into the workplace after a period of absence due to work-related injury, illness or disability. RTW programs include several essential elements to facilitate a seamless transition for employees returning to work following an extended absence.

Central to these programs is the establishment of a clear policy framework outlining the organization's commitment to supporting returning employees and delineating responsibilities and procedures for all involved parties. A designated case manager or RTW coordinator plays a crucial role in overseeing the process, liaising with health care providers and ensuring compliance with the RTW plan. Before resuming regular duties, employees typically undergo a medical assessment to evaluate their fitness for duty and identify necessary accommodations.

Accommodations may include ergonomic adjustments, lighter workloads or modified tasks, modified workstations, temporary assignments to administrative tasks, flexible scheduling to support the employee's needs, or other modifications. Gradual RTW schedules allow employees to ease back into their roles with adjustments made as needed based on regular evaluations and feedback.

Effective communication among stakeholders, compliance with legal requirements, and a supportive workplace culture are also integral to the success of RTW programs. These programs aim to support employees in resuming their job responsibilities in a manner that is safe, efficient and conducive to their overall well-being.

Key components of RTW programs include:

- **Assessment and planning**—Evaluating the returning employee's abilities, limitations, and medical status to determine their readiness to return to work is the first step in creating an RTW program. This involves collaboration between health care professionals, the employee, and the employer to create a tailored plan.
- **Modified duties or accommodations**—A crucial function of RTW programs is adjusting employees' job duties, tasks or work environment to accommodate any temporary or permanent physical or cognitive limitations they may have. This could entail providing assistive devices, modifying workstations or assigning alternative tasks that align with the employee's capabilities.
- **Communication and support**—Maintaining open communication channels between the returning employee, their health care providers and the employer is vital throughout the RTW process. The employer should offer support, guidance and resources to help the employee navigate any challenges they may encounter during their transition back to work.

- **Rehabilitation and training**—Employers must provide access to rehabilitation services, training programs or vocational counseling to help the employee regain or enhance their skills, confidence and independence in performing their job duties effectively.
- **Monitoring and evaluation**—Regular assessment of the employee's progress and adjustment of the RTW plan as needed ensures ongoing support and success. This may involve periodic check-ins, performance reviews or modifications to the accommodation arrangements based on the employee's evolving needs.

RTW programs not only benefit the individual employee by promoting their recovery and reintegration into the workforce; they also contribute to the company's overall productivity, morale and employee retention. These programs can help reduce the financial and operational impacts associated with workplace injuries and illnesses.



RTW Benefits

A worker gets hurt on the job every seven seconds in the United States, according to the National Safety Council. When an employee experiences a work-related illness or injury, their eventual return to the workplace can create numerous challenges, putting significant stress on both the individual and their employer. Fortunately, RTW programs can help alleviate these concerns by supporting returning workers as they reintegrate back into the workplace.

RTW programs offer several benefits, allowing employers to control their workers' compensation costs and giving employees the opportunity to resume working even when they aren't ready to fully take on their original job duties. The following sections provide more information on the key advantages of RTW programs for employers and employees.

Benefits for Employers

RTW programs can provide the following benefits for employers:

- **Increased retention**—These programs can help employers retain valued staff and reduce the risk of turnover by enabling employees to return to work as soon as they're able. This is particularly important, as the American College of Occupational and Environmental Medicine confirmed that the likelihood of an injured employee resuming their original role drops to 50% when they take more than 12 weeks off of work to treat an ailment and falls to just 5% after spending a full year off the job in recovery.
- **Lower costs**—RTW programs can reduce employers' workers' compensation costs by having injured employees gradually start working again and collect fewer insurance benefits. Since workers' compensation claims—especially large or lengthy claims—can affect future premium expenses, RTW programs can also make all the difference in resolving claims in a cost-effective and timely manner, therefore limiting the risk of potential rate increases going forward.
- **Higher productivity**—Having experienced staff return to work, even with reduced hours or workloads, can boost productivity more than hiring new employees. In fact, studies have shown that RTW programs can minimize lost work days stemming from occupational illnesses and injuries by as much as 55%; this delivers a return on investment of \$9 for every dollar spent implementing such programs. Further, industry data found that hiring and training new workers can take a significant amount of time, costing between nine and 24 months' worth of an open position's salary.
- **Improved morale**—Establishing an RTW program shows injured employees that their employer values not only their job skills and work contributions but also their overall health and well-being, which can ultimately foster a positive company culture and improve staff

morale. It can also help injured employees feel adequately supported in their time of need, thus reducing their stress levels during recovery and motivating them to do their best work, whether it's in their modified position or original role.

Benefits for Employees

RTW programs can offer the following advantages for employees:

- **Boosted skills**—These programs can help injured employees maintain and enhance valuable job skills by having them return to work sooner rather than later. Otherwise, employees who spend prolonged time off during the recovery process may lose their skills and require additional training upon their return, which can negatively affect their confidence in their work and make the transitional period more challenging. RTW programs can minimize the risk of occupational injuries and illnesses hampering employees' career growth.
- **Greater social connections**—Such programs can keep injured staff more connected to the workplace by allowing them to continue the recovery process alongside their co-workers rather than at home. This socialization can give employees something to look forward to each day as they heal from their occupational ailments, providing much-needed comfort during difficult days and motivating them to resume their original job duties as soon as possible.
- **Healthier mental and physical well-being**—RTW programs help promote a healthy mindset for recovering employees by giving them a sense of purpose in their daily work routines. This can, in turn, mitigate the risk of injured employees experiencing mental distress due to their occupational ailments. Additionally, going back to work, even in a limited capacity, can help keep injured employees physically active and allow them to maintain their fitness during the recovery process.
- **Reduced financial challenges**—In many cases, employees earn more money by gradually returning to work instead of collecting insurance benefits following occupational injuries and illnesses. RTW programs may also allow injured employees to maintain other work-related benefits, such as paid vacation days, company-sponsored health coverage, pension plans and life insurance. With this in mind, such programs can play a significant role in helping injured employees foster financial stability and avoid possible economic stressors on their road to recovery.

Roles in RTW Programs

It is important for employers to know what their responsibilities include to make sure their RTW programs run smoothly. Yet RTW programs involve several additional parties, each with its own set of responsibilities. Here's a breakdown of the typical responsibilities of the main parties involved in an RTW program:

Employee Roles

- Report work-related injuries or illnesses to their employer as soon as possible after they occur. Timely reporting ensures that necessary steps can be taken to provide appropriate medical treatment and support.
- Participate in their employer's medical treatment and rehabilitation process. This includes attending medical appointments, following health care provider instructions, and adhering to prescribed treatment plans.
- Communicate with both their employer and health care providers. Employees should provide accurate and detailed information about their injuries, symptoms and functional limitations to facilitate appropriate accommodations and support.
- Engage in the RTW planning process with their employer, health care provider and any other relevant parties. This may involve discussing their capabilities, restrictions and preferences for modified work duties or accommodations.
- Adhere to these health care providers' temporary restrictions while performing their job duties. Compliance helps prevent reinjury and supports a safe and successful return to work.
- Provide relevant medical documentation, such as doctor's notes or disability certificates, to support their RTW plan and any requests for accommodation.
- Prioritize workplace safety and adhere to established safety protocols and procedures to minimize the risk of further injury or accidents.

HR, Safety and Risk Management Roles

- Establish clear policies and procedures for managing the RTW process. These policies should outline the steps for reporting injuries, accessing medical care and initiating the RTW program.
- Create a supportive and accommodating work environment that promotes the employee's successful return to work. This may involve modifying job duties, providing adaptive equipment or making changes to the physical workspace to accommodate any functional limitations.
- Collaborate with health care providers to obtain medical information and guidance on the employee's capabilities, restrictions and necessary accommodations. This collaboration ensures that RTW plans are tailored to the employee's specific needs and medical status.
- Maintain open and transparent communication with the employee throughout the RTW process by keeping them informed about their rights, responsibilities and available resources, as well as providing updates on any changes to their work arrangements.
- Support the employee's participation in rehabilitation programs or medical treatment as needed. This may involve granting time off for medical appointments, providing access to on-site or external rehabilitation services, or offering flexibility in work schedules to accommodate recovery needs.
- Regularly monitor the progress of the employee participating in the RTW program and adjust accommodations or job duties as necessary. This can be done by conducting periodic check-ins with the employee, evaluating their performance, and addressing any concerns or challenges that arise.
- Ensure compliance with relevant laws and regulations governing RTW programs, such as disability discrimination laws and workers' compensation requirements. This includes providing reasonable accommodations, maintaining confidentiality of medical information, and avoiding discriminatory practices.

Health Care Professionals' Roles

- Assess the employee's medical condition, functional abilities and any limitations that may affect their ability to work.
- Provide appropriate medical treatment and rehabilitation services to help the employee recover from their illness or injury and regain their functional abilities.
- Conduct functional capacity evaluations to assess the employee's physical and cognitive abilities, endurance and work-related skills.

- Collaborate with the employee and the employer to develop an individualized RTW plan that outlines specific accommodations, modifications or restrictions needed for the employee to safely return to work.
- Issue medical clearance letters or reports indicating the employee's ability to return to work, including any necessary restrictions or accommodations.
- Educate employees and employers about the employee's medical condition, treatment plan, and any workplace modifications or accommodations that may be necessary to support a successful return to work.
- Coordinate care with other health care providers, including specialists, physical therapists, occupational therapists and vocational rehabilitation specialists as needed to support the employee's return to work.
- Monitor the employee's progress during the RTW process and adjust the treatment or accommodations as needed to ensure a successful transition back to work.
- Advocate for the employee's needs and rights in the workplace. This includes advocating for reasonable accommodations and adherence to disability laws and regulations.
- Maintain accurate and detailed documentation of the employee's medical condition, treatment plan, functional abilities and progress throughout the RTW process.

Supervisor/Manager Roles

- Maintain open and regular communication with the returning employee to understand their needs, concerns and progress in the RTW process once they are back to performing their job duties.
- Familiarize themselves with the details of the RTW program, including any accommodations, restrictions or modifications recommended by health care providers.
- Implement any accommodations or modifications necessary to support the returning employee's successful transition back to work, such as adjustments to work duties, schedules or physical work environment.
- Provide appropriate task-specific training and support to help the returning employee reintegrate into their job responsibilities and perform their duties effectively.
- Monitor the returning employee's performance and progress to ensure that they are following their work restrictions, meeting job expectations and any agreed-upon accommodations are effective.

- Address any challenges or barriers that arise during the RTW process, such as conflicts with co-workers or difficulties performing job tasks, and work with the employee to find solutions.
- Respect the confidentiality of the employee's medical information and only share relevant information with individuals who need to know, such as HR or safety personnel.
- Promote a supportive and inclusive work environment that prioritizes the well-being of all employees, including those returning to work after illness or injury.
- Maintain accurate and detailed documentation of the RTW process, including any accommodations provided, performance evaluations and communications with the returning employee and health care providers.

Insurance Providers Roles

- Coordinate benefits and payments related to the employee's injury or illness.
- Provide guidance on RTW options and accommodations based on the employee's insurance coverage.
- Work closely with medical professionals to understand the injured worker's condition, treatment plan and prognosis. They may review medical records, consult with physicians, and arrange for additional evaluations or treatments as needed.
- Act as intermediaries between the injured worker, the employer, medical providers and other stakeholders involved in the RTW process. Facilitate communication, address concerns, and provide updates on the claim's progress.
- Monitor the injured worker's progress throughout the recovery and RTW process. This includes conducting regular check-ins, reviewing medical reports, and assessing the worker's ability to perform assigned tasks.
- Coordinate vocational rehabilitation services for the employee if they are unable to return to work in the capacity prior to their work-related injury. This could involve job training, skills assessment and assistance finding suitable employment within the worker's capabilities.
- Maintain detailed records of all communications, medical reports and actions taken throughout the claim process. Ensure compliance with regulatory requirements and company policies regarding workers' compensation claims.

Senior Leadership Roles

- Articulate the organization's commitment to supporting the employee's return to work after illness or injury. Set the tone for a supportive and inclusive workplace culture that prioritizes employee well-being.
- Allocate necessary resources, including budget, staffing and time, to support the implementation and maintenance of the RTW program. This may involve investing in training, accommodations and support services.
- Collaborate with HR and other relevant departments to develop RTW policies that align with legal requirements and organizational values. These policies should outline procedures for accommodating employees, communicating expectations and addressing challenges.
- Communicate the importance of the RTW program to all levels of the organization, fostering understanding and buy-in and advocating for the program's goals and benefits while addressing any misconceptions or resistance that may arise.
- Provide guidance and support to managers and supervisors involved in implementing the RTW program by coaching on communication strategies, facilitating accommodations and resolving conflicts.
- Oversee the monitoring and evaluation of the RTW program's effectiveness, ensuring that it meets its objectives and delivers meaningful outcomes for employees and the organization. This may involve reviewing metrics related to employee retention, productivity and satisfaction.
- Drive a culture of continuous improvement by soliciting feedback from employees, managers and stakeholders involved in the RTW program. This feedback should be used to identify areas for enhancement and make strategic adjustments as needed.

Overall, successful RTW programs require collaboration and communication among all parties involved to ensure employees' smooth and sustainable reintegration into the workplace following injuries or illnesses.

Types of Transitional Duties

RTW programs have varying capacities at which employees can return to work. Before taking on their full role, a returning employee may be assigned to transitional duties, which refer to short-term assignments that fall within the physical constraints defined by a medical professional. Essentially, these duties are tasks deemed safe by a doctor for an employee to perform during the recovery process from their occupational injuries or illnesses. Transitional duties include modified duties and alternative work duties, both of which are important for workers' compensation RTW programs.

Modified Duties

Modified duties, also known as light duty, in RTW programs are tailored adjustments that accommodate an employee returning to work after an absence due to a workplace illness, injury or disability. These modifications are specifically designed to align with the employee's current capabilities and limitations, ensuring that tasks assigned are within their physical, cognitive or emotional capacities. They are normally determined by the individual's treating physician and take into account factors like mobility limitations, lifting restrictions and other considerations related to the employee's workplace injury or illness.

The primary aim of modified duties is to facilitate a gradual return to the employee's regular responsibilities, allowing them to ease back into their role as their condition improves. Typically, these modifications are temporary arrangements, with the expectation that the employee will eventually transition back to their original duties as they regain full functionality. Modified duties often involve adjusting the employee's regular job tasks to make them more manageable or suitable given their current capabilities while aligning with the core responsibilities of their role. Employers who provide meaningful tasks that align with the employee's abilities may maintain morale, retain skilled workers and facilitate a smoother transition back to full duties once the individual has fully recovered.

Additionally, modified duty assignments are crucial in promoting workplace safety and preventing the exacerbation of existing injuries. Depending on the employee's work restrictions and movement restrictions, these duties dictate what the employee is able to do. Here are some examples of modified duty job tasks:

- Assignments involving clerical work such as filing, entering data, answering phones or organizing paperwork, which may be suitable for employees with mobility restrictions or lifting limitations
- Tasks that involve interacting with customers or clients in a retail or service-oriented setting, where physical demands are minimal, but communication skills are essential

- Roles where the returning employee provides training or mentorship to new hires or colleagues, leveraging their expertise and knowledge while avoiding physically demanding tasks
 - Assignments involving assembling or packaging lightweight products in a seated position, which can be suitable for individuals with upper body restrictions or limited mobility
 - Tasks that involve inspections or quality control checks on products or materials, ensuring they meet specified standards, and do not require significant physical exertion
 - Tasks such as data analysis, report generation or online research that can be performed remotely or in an office environment, allowing employees to work within their physical limitations while still contributing meaningfully to the organization
 - Tasks related to inventory control, such as stock counting, organizing inventory shelves or managing supply orders, which typically involve minimal physical strain
 - Duties involving light janitorial duties or minor maintenance tasks, such as restocking supplies, dusting or sweeping, which can be suitable for employees with limited mobility or lifting restrictions
 - Assignments that include reviewing documents, editing content or proofreading materials, which can be performed while seated and require minimal physical exertion
 - Assignments for special projects or research assignments that align with the employee's skills and expertise, allowing them to contribute to the organization in a meaningful way while accommodating their physical limitations
- The following are best practices for implementing modified duty work tasks:
- The employer should work closely with health care providers to understand the nature of the employee's injury or illness and identify appropriate modified duty assignments.
 - The employer should conduct job analyses to identify tasks that can be modified to accommodate the injured employee's restrictions. This may involve adjusting work hours, modifying equipment or assigning different responsibilities.
 - The employer should communicate openly with the injured employee about the modified duty program, including expectations, responsibilities and the duration of the assignment.
 - Supervisors should regularly monitor the progress of employees on modified duty and make any necessary adjustments to ensure their safety and well-being. This may involve gradually increasing the workload as the employee's condition improves.

- The employer must ensure their modified duty program complies with relevant laws and regulations governing workers' compensation and employment rights.

Alternative Duty

Alternative work duties are tasks or responsibilities assigned to returning employees that differ from their regular job duties. Such duties may be unrelated to an employee's usual role but are deemed suitable for their current abilities and limitations. Unlike modified duties, which are often temporary solutions, alternative work duties may be permanent or long-term arrangements, particularly if the employee's condition prevents them from returning to their previous role indefinitely.

Since alternative work duties may require the employee to perform tasks different from their original job, they may involve additional training or skill development to ensure the employee can effectively fulfill their new responsibilities. Consider this example: A construction worker is injured on the job, and the restrictions state they cannot perform their normal day-to-day activities, even with a modification. The employer might place the employee in a clerical or training role. Assigning alternative duty tasks is specific to the treating physician's restrictions and the employer's availability to accommodate those restrictions.

Alternative work duties provide a flexible approach to accommodate employees' needs while enabling them to remain productive and engaged in the workforce despite their limitations.

Here are best practices for implementing alternative duty work tasks:

- The employer, health care providers and employee should collaborate closely to identify suitable alternative duty tasks based on the individual's injury or illness and medical restrictions.
- The employer should conduct thorough job analyses to identify tasks that can be modified to accommodate the injured employee's capabilities. This may involve adjusting work hours, modifying equipment or reallocating responsibilities.
- Transparent communication with the injured employee regarding the alternative duty work program, including expectations, responsibilities and the duration of the assignment, is crucial to its success.
- Supervisors should regularly monitor the progress of the employee participating in the alternative duty work program and make any necessary adjustments to ensure their safety, well-being and continued progress.

- The employer must ensure the alternative duty work program complies with relevant laws and regulations governing workers' compensation and employment rights, including accommodations for disabilities under the Americans with Disabilities Act (ADA).

Job Task Redesign

In the context of workers' compensation RTW programs, job redesign refers to the modification or adaptation of a worker's job duties, tasks or environment to accommodate their physical or mental limitations resulting from a work-related injury or illness. The goal of job redesign is to facilitate the worker's safe and timely return to work while ensuring that their duties align with their functional capabilities.

Job redesign typically involves collaboration between the injured worker, health care providers, rehabilitation professionals, and employers. It may include:

- Task modification
- Work environment adaptations
- Flexible scheduling
- Training and education
- Gradual return to work

When identifying unsafe aspects of job tasks, it becomes imperative to redesign them to mitigate the risk of injuries or reinjury. This redesign often involves simple and cost-effective solutions. The following are some key actions to consider when undertaking task redesign.

To minimize significant body motions:

- Minimize bending motions by utilizing lift tables and work dispensers or adjusting work levels.
- Reduce twisting motions by providing tools and materials in front of the worker or improving the layout of the work area.
- Address reaching-out motions by placing tools and machine controls closer to the worker and reducing the size of cartons or pallets.

To reduce lifting and lowering:

- Minimize the need for lifting or lowering through the use of mechanical aids such as lift tables or elevating conveyors.
- Reduce the weight of objects by specifying smaller sizes to suppliers or decreasing the load in containers.

To minimize pushing and pulling:

- Eliminate the need for manual pushing or pulling by utilizing powered conveyors or trucks.
- Reduce the required force by using nonpowered conveyors or treating surfaces to reduce friction.
- Shorten the distance of the push or pull by improving the layout of the work area or relocating production or storage areas.

Additionally, if a company wants to make sure they understand or have different job types available for their RTW program, they can hire an occupational therapist or utilize an on-site occupational therapist to review each job duty and write out the functional requirements. This helps employers and supervisors understand what is required of employees in each position. It also provides an accurate measurement the functional capabilities required for each position when sending the treating physician a list of alternative duties or modified duties for an injured employee's RTW options.

By adhering to these principles and implementing task redesign strategies, employers can significantly reduce the risk of workplace injuries and create safer working environments for their employees. Ultimately, implementing job redesign strategies enables employers to promote a successful return to work for injured workers, reduce the likelihood of reinjury and maintain productivity within the workplace.

Job Banks

In RTW programs, job banks may be used to find appropriate job opportunities for injured workers that accommodate their abilities and limitations. These banks typically compile listings of available positions provided by employers willing to accommodate workers with restrictions or disabilities. A job duty bank provides all the physical details required to complete each job assignment at a company. It provides an easy reference for employers and physicians to identify jobs that employees returning to work can be placed in.

When employers are developing these job banks, it is helpful to have the evaluation of a physical therapist or occupational therapist to review the physical details of each position. This helps employers because such professionals have a better understanding of functional abilities and the roles in which employees can be placed depending on their restrictions. They can assess whether the tasks and responsibilities described in job bank listings align with the injured worker's abilities and limitations. In addition, when developing a job task, an occupational or physical therapist can help set up the task in a way that will potentially prevent injuries from the onset. While this approach incurs initial effort and expense, the subsequent reduction in RTW costs may justify the investment.



Best Practices for Communicating With Employees

Employers should use a few best practices when working with injured employees. These practices can make employees feel appreciated and encourage them to return to work in a timelier manner. The following are best practices employers should utilize:

Clear Communication

Clear and timely communication is essential throughout the workers' compensation claim process, as it helps employers and employees navigate a complex process. In addition, when employers continue communication with employees when they are off of work, they help facilitate a faster return to work for the employee because the employees feel cared for and want to come back to work.

Regular Check-ins

Regular check-ins with employees help monitor progress, address concerns and provide ongoing support, reinforcing commitment to their success and identifying barriers to return to work. Employers should check in with their employees at least weekly, whether they are at home getting ready to return to work or at work in light-duty positions. Communication with the employee during their recovery process is essential to keep abreast of any changes in recovery or potential reinjury.

Empathy and Support

Demonstrating empathy and support for injured employees' situations and acknowledging the challenges they may face due to injury or illness are crucial; these actions by employers emphasize to employees that their well-being is a priority. If an employee feels like an employer genuinely cares, they tend to have a better experience recovering from their injury and more motivation to return to work.

Open Dialogue

Open dialogue should be fostered to encourage employees to ask questions, express concerns and provide input on their RTW plan. Active listening should be practiced to address uncertainties or issues.

Individualized Approach

An individualized approach to an employee's RTW plan is necessary. Employers should understand their employees' needs. Some employees need more help navigating the RTW

process and need more face time with the safety manager or HR. Employers should understand this and make it a point to provide, within reason, what the employee will need to make a full recovery.

Transparency

Transparency in communicating expectations and requirements for employees to return to work is important. Employers should clearly outline any necessary modifications to job duties, work schedules or accommodations. When it comes to sharing information, employers should remember that they cannot share confidential medical information, protected characteristics of employees, unnecessary personal details and nonwork-related information with any other employees. Information concerning an employee's RTW plan should only be communicated with those who are necessary to carry out the plan.

Education and Resources

Employers should also provide education and resources—including information on rights, vocational rehabilitation services and assistance with accommodations—to help employees navigate the RTW process effectively and support them in their transitions. Insurance claims managers should also help employees through this process, but if an employer communicates what the insurance company is stating, it may make employees feel more secure in the process.

Positive Reinforcement

Positive reinforcement and recognition for efforts in returning to work and progress in recovery are crucial; celebrating milestones boosts morale and motivation.

Flexibility

Flexibility in accommodating the return to work is essential, as well as acknowledging the gradual nature of recovery and adjusting work arrangements or accommodations accordingly.

Documentation

Maintaining accurate documentation of all communications and interactions related to the workers' compensation claim and RTW plan ensures accountability, tracks progress, and supports legal and regulatory compliance.

By following these best practices, employers can effectively communicate with employees during a workers' compensation claim and support their successful return to work, in turn fostering a positive and supportive work environment for all parties involved.

Developing an Individualized RTW Plan

It is essential to create a personalized RTW plan due to the limitations of basic RTW frameworks, which may not adequately address the diverse recovery needs and work limitations of individual employees. By tailoring RTW plans to specific scenarios, such as accommodating employees recovering from injuries versus those recuperating from illnesses, employers can offer proactive transition plans. This approach recognizes that each employee's situation is unique and requires customized solutions for short-term support and long-term success. Personalized RTW programs also foster collaboration between managers, workers' compensation insurers, and medical providers, enabling proactive cost control and minimizing the risk of compounded injuries. Involving caregivers in the planning process helps identify safe light-duty assignments, establish temporary work schedules and provide necessary support until employees are ready to resume full-time duties. Building a personalized RTW program entails leveraging these partnerships and tailoring strategies to individuals' needs.

When identifying alternative assignments, it's crucial for employers to assess which tasks the injured employee can perform effectively. They should consider tasks that may require increased frequency and determine if any tasks could be delegated to other employees. Additionally, employers should fully understand the physical and other requirements of these alternative jobs or assignments to ensure they align with an injured employee's limitations as prescribed by their health care provider, thus safeguarding against reinjury and promoting the employee's full rehabilitation.

Moreover, it's important to remember that if an organization has 15 or more employees, it is subject to the ADA. This means an employer may be required to provide reasonable accommodations to assist disabled employees in performing their jobs effectively. Throughout the recovery process, employers should maintain a focus on the capabilities of their workers and ensure that the individual RTW plan incorporates these considerations.

An individual RTW plan serves as a roadmap for facilitating an employee's transition back to their pre-injury job. Particularly in larger organizations, this plan should be collaboratively developed by key stakeholders, including the RTW program contact, the injured employee, their supervisor, health care provider, union representative and legal representative if necessary. This comprehensive approach ensures that the RTW process is tailored to the specific needs and circumstances of the injured employee and fosters a smoother and more successful reintegration into the workforce.

Monitoring Employees' RTW Progress

Employers should create procedures to monitor employees' progress throughout the RTW process. It is beneficial to encourage employees and supervisors to actively monitor the progress of employees and provide updates to the health care team regarding any unexpected challenges.

Weekly monitoring meetings are valuable opportunities for employees and employers to address concerns that may arise and discuss the next steps outlined in the RTW plan. For instance, if the plan involves gradually increasing work hours, both the employee and supervisor should track the employee's adjustment to this change during the previous week. Regularly monitoring progress and reviewing the plan enables the employee and supervisor to make necessary revisions as needed. In some instances, further treatment, assessments or referrals to services such as physical rehabilitation may be required, necessitating involvement from a physician.

Effective management of expectations is essential for all parties involved. Everyone in the workplace must understand and acknowledge that unexpected changes may occur during the RTW process. If an employee is experiencing challenges at work due to a work-related injury or illness, the employee should communicate these concerns through a physician's note to the supervisor or HR department. This approach raises awareness among employers that adjustments to the plan are necessary. Collaborative communication between all stakeholders is paramount for the successful navigation of the RTW process. Patients can benefit from additional guidance on managing expectations in the workplace and engaging in conversations with employees upon their return to work.

RTW Program Training

There are many areas of an RTW program in which training needs to be provided. RTW programs affect all levels of a business and can be very complex. For instance, supervisors need to be trained in how to manage employees in the RTW program—knowing what to do and what not to do. HR employees will also need training on and a good understanding of acceptable and unacceptable business practices, as well as state laws.

If a company has a professional safety person, then this person or department also needs training on managing RTW employees. Employees themselves should be trained on RTW policies and procedures so they are kept informed of the processes of the RTW program. Each player in the company's RTW program should be reviewed, and the appropriate training for those individuals must be provided.

Training supervisors in RTW workers' compensation protocols is crucial for creating a proactive and efficient workplace, as it ensures they can effectively manage the RTW process to minimize lost productivity and associated costs. The training should cover various aspects, including introducing workers' compensation laws and employers' obligations, emphasizing the benefits of early return to work, understanding the RTW process stages, employing effective communication skills, identifying suitable light-duty assignments, managing accommodations, handling challenging situations, monitoring progress and reviewing company policies. Additionally, supervisors learn about available resources and participate in question-and-answer sessions.

Similarly, HR professionals must undergo comprehensive training covering on workers' compensation laws, benefits of RTW programs, roles and responsibilities of HR in RTW, policies and procedure development, effective communication strategies, collaboration with stakeholders, data collection and analysis, employee education, legal and ethical considerations, and continuous improvement and evaluation. This training empowers HR to manage workplace injuries effectively and support successful employee returns.

For employees, training should cover the RTW program, injury reporting procedures, communication protocols, accommodation awareness, safety awareness and training, job duties and modifications, support and encouragement, legal and ethical considerations, documentation and recordkeeping, and continuous improvement.

Training all participants in an employer's RTW program ensures all staff understand their roles and responsibilities in facilitating smooth transitions for injured employees back into the workplace, thus contributing to a safe, healthy and inclusive work environment.

Evaluation of RTW Programs

An effective RTW program is invaluable for all stakeholders involved in the RTW process. However, determining its effectiveness requires careful evaluation. Employers should:

- Establish clear criteria for assessment, outlining measurable factors such as RTW timelines, success rates of RTW plans, reinjury frequency and financial impacts.
- Collect relevant data on program performance, including injury and claim data, RTW timelines, costs associated with accommodations and feedback from stakeholders. Analysis of this data allows for the identification of trends and areas for improvement and comparisons to industry benchmarks, providing context.
- Seek feedback from stakeholders, including injured employees, supervisors and health care providers. This offers valuable insights into program effectiveness and areas for enhancement.
- Identify opportunities for improvement and develop action plans to address the data collected from the analysis and feedback they received, ensuring effective implementation and ongoing monitoring of changes.

Conducting annual assessments of RTW programs is recommended to pinpoint their strengths and weaknesses, enabling employers to focus on continual enhancement. During the annual evaluation, it's crucial for employers to involve staff who possess a deep understanding of the RTW program, preferably individuals actively engaged in RTW functions, such as the RTW program contact, if applicable.

The evaluation should be structured to measure specific and quantifiable data points, including the time taken from injury to return to work, the duration of individual RTW plans, the costs associated with accommodations or modifications for injured employees, workers' compensation premiums, medical and indemnity benefits paid (if the employer is a self-insured employer), lost time, rates of injured employee retention, and the satisfaction of injured employees with the RTW program. By analyzing these metrics over time, employers can draw conclusions regarding the suitability and effectiveness of their RTW programs, facilitating informed decision-making and leading to necessary modifications to improve its overall effectiveness.

Through this iterative evaluation and improvement process, employers can optimize their RTW programs for workers' compensation, benefiting injured employees and the organization as a whole.

Appendices



Sample RTW Policy Statements

An RTW policy statement outlines an organization's approach and commitments regarding employees' return to work after a period of absence due to work-related illnesses or injuries. A policy statement typically communicates the organization's stance on supporting employees' successful transition back into the workplace, emphasizing principles of fairness, consistency, and compliance with relevant laws and regulations.

Sample Return-to-Work Policy Statements

Employers can select which statement option they would like to use for their return-to-work (RTW) program policy.

Statement Option 1

(Insert company name) is dedicated to ensuring a safe and healthy workplace for all our employees. In the unfortunate event of a work-related accident, we are committed to helping employees return to work as soon as medically possible. We acknowledge that our employees are our most valuable asset, and therefore, we have developed a RTW program aimed at effectively managing employee workplace injuries and illnesses. The primary objective of this program is to facilitate the return of injured employees to work, subject to their medical condition.

To ensure the success of our RTW program, it is crucial for everyone involved to understand their respective roles and responsibilities within the program. Supervisors are expected to:

- Promptly arrange for initial first aid and medical attention for any injured employees.
- Initiate an accident investigation as soon as possible following an incident.
- Collaborate in assessing potential temporary modified work assignments.
- Provide support to returning employees and monitor their progress upon their return.

On the other hand, employees are required to:

- Immediately report any injuries to their respective supervisor.
- Cooperate with medical professionals and insurance claims personnel.
- Maintain open communication with the company regarding their recovery status.
- Be available for temporary modified work assignments that align with their medical restrictions during their recovery.
- Furnish physician-issued medical release form(s) before resuming work.
- Adhere to any work restrictions during the recovery process until they receive full medical clearance.

Our utmost priority is the well-being of our employees. Should an injury occur, we are committed to assisting them in returning to work as soon as medically possible.

(Signature of company president/CEO) (Date)

Statement Option 2

[Insert company name] is committed to providing appropriate RTW options for any employee who is incapable of performing their standard job duties due to a work-related injury or illness. This may encompass adjusting the employee's regular role or, if feasible, offering temporary alternative work that aligns with the employee's physical capabilities.

We will only consider work assignments that contribute productively and meaningfully to the organization's operations. Injured employees actively participating in the early RTW program are encouraged to provide feedback, which will enhance the program's future development.

(Signature of company president/CEO) (Date)

Statement Option 3

[Insert company name] is dedicated to ensuring the safety and well-being of all its employees. An integral component of this dedication is our RTW program. Under this program, [Insert company name] will make every reasonable effort to provide suitable work options for employees who are unable to perform their regular job duties following a work-related injury or illness. These options may include modifying the employee's regular job or, if available, providing temporary alternative duties depending on the employee's physical abilities.

The primary objective of this program is to facilitate the return of injured employees to work while allowing recovering workers to make meaningful contributions to the company. This program is applicable to all employees who have sustained work-related injuries or illnesses.

(Signature of company president/CEO) (Date)

Statement Option 4

[Insert company name] holds our employees in the highest regard, recognizing them as our most valuable assets. In the event that an employee experiences a work-related injury or illness, we rely on our RTW program, which is intended to bring employees back to work as soon as they are physically able to perform work that is meaningful without aggravating their injury or illness.

Our primary aim is to reintegrate injured employees into their original positions as soon as medically possible. In many instances, [Insert company name] may arrange temporary alternative or modified work assignments for injured or ill employees whenever possible and based on medical clearance.

RTW programs have many benefits for impacted employees. The program helps reduce the financial burden of being out of work, it often helps in the healing process by keeping the employee physically and mentally active, and it keeps the employee connected to our company.

The following program outlines the details of [Insert company name]'s RTW program. Employees, supervisors, RTW coordinators, HR professionals and leadership all play a role in our RTW program. Remember, communication and commitment among all stakeholders involved in the RTW program are vital for its success and the well-being of our employees.

(Signature of company president/CEO) (Date)

Workers' Compensation RTW Policy

The purpose of an RTW policy is to establish a structured framework that guides the process of reintegrating employees into the workplace after a period of absence, typically due to a work-related injury or illness. This policy outlines the procedures, responsibilities and expectations for both employers and employees during the RTW process. By providing clear guidelines, the policy helps employers effectively support employees in their transition back to work, facilitating a smooth and successful return while minimizing potential disruptions to productivity and workflow.

Workers' Compensation Return-to-Work Policy

Location:

Effective Date:

Revision Number: 1

[This policy is a general workers' compensation return-to-work policy. Employers should review this policy and make the appropriate changes necessary to reflect the state law in which their company is located.]

PURPOSE

This workers' compensation return-to-work (RTW) policy is in place to ensure [Insert company name] provides meaningful work activity for employees who are temporarily unable to perform all or portions of their regular work assignments or duties. This policy applies to employees suffering from either work-related injury or illness. The goal is to allow valued company employees to return to productive, regular work as safely and quickly as possible. By providing temporary transitional work with alternative or modified work activity, injured and recovering employees remain an active and vital part of the company.

SCOPE

All active employees who are temporarily unable to perform their regular job duties due to a compensable work-related injury or illness may be eligible for transitory work duties within the provisions of this program. RTW tasks may be in the form of:

- Modified duties within the scope of the employee's current position
- Alternative jobs for which the employee qualifies, outside of the scope of their current position
- An altered schedule of work hours

DEFINITIONS

"Transitional duty" is a temporary job duty that is within an injured employee's physical limitations established by a doctor. These assignments are meant to be temporary and will be dictated by the medical providers' treatment parameters.

"Modified duty," also known as light duty, refers to a temporary work assignment provided to an employee injured on the job. This assignment is tailored to accommodate the individual's physical limitations as they recuperate from the injury.

"Alternate duty" is designed as a placement service for individuals who cannot return to their previous job task in a modified duty or have reached maximum medical improvement (MMI) and are still unable to perform the essential functions of their pre-injury jobs.

APPLICABILITY

Length of Duty

If work is available that meets the limitations or restrictions prescribed by the employee's attending practitioner, that employee may be assigned transitional or modified work for a period not to exceed the doctor's treatment restrictions. Transitional or light duty is a temporary program, and an employee's eligibility in these reduced assignments will be based strictly on medical documentation and recovery progress.

Qualification

Transitional or modified duty will be available to all employees on a fair and equitable basis with temporary assignments based on skill and abilities. Eligibility will be based upon completion of the RTW Evaluation Form by the employee's attending medical professional. An employee on modified duty will be considered part of the regular shift staffing, with recognition of the employee's limitations within the department.

RESPONSIBILITIES

The following responsibilities apply to various levels within the company:

Senior management will ensure the policy's enforcement among all levels at **[Insert company name]** and actively promote and support this policy and the RTW program as a whole.

Supervisors will support the employee's RTW by identifying appropriate modified assignments and ensuring the employee does not exceed the medical professional's set restrictions. Supervisors will also stay in regular contact with absent employees and clearly communicate **[Insert company name]**'s attendance expectations. They are also responsible for reporting any problems with employees and this policy to the RTW manager or program supervisor.

Injured workers will notify their supervisors in a timely manner when their condition requires an absence. Injured workers should also note that state law often requires employees to report injuries and illnesses within specific time frames in order to qualify for certain benefits and protections. Injured employees will also closely follow their medical professional's treatment plan and actively participate in **[Insert company name]**'s RTW program, which includes following all the guidelines of this policy. Injured employees will also help supervisors identify potential options for transitional duties. While supervisors are responsible for maintaining constant communication with the injured employee, the worker also has the obligation to maintain contact with **[Insert company name]** about their condition and status. The injured worker will complete all required paperwork in a timely manner.

The RTW program manager will be trained in understanding the physical and psychosocial aspects of disability and the nuances of **[Insert company name]**'s RTW Program, policies and all associated forms. This individual will be able to testify in court as a vocational expert if necessary. They will provide program leadership by facilitating communication between union officials, employees, managers and medical providers. This manager will own the responsibility of creating the **[Insert company name]**'s job bank and assist supervisors with on-site problem-solving.

PROCEDURE

Work Schedule

[Insert company name] will do everything in its power to tailor the restricted work schedule to the injured employee's normal, pre-condition work schedule. However, depending on the job limitations, it may be necessary for the employee to take on a specifically designed, temporary schedule to accommodate these restrictions.

Payment of Wages

If the insurance adjuster determines an employee's injury or illness is work-related, **[Insert company name]** will pay benefits and wages in accordance with the state workers' compensation statute and with the company's HR policies. These benefits will be coordinated with all applicable state, federal and company benefits.

Employees performing transitional duties, either modified or alternate duties, will be compensated through the employer or benefit payment through workers' compensation, dependent on circumstances. Employees performing transitional duties, either modified or alternate duties, following a period of short-term disability, may receive a combination of regular pay and partial disability benefits. The employee and the **[Insert company name]**'s HR department will work out this combination on a case-by-case basis.

If employees take a vacation or there is a holiday during restricted duty, they are entitled to their regular vacation selection or holiday pay as it would apply to normal, nonrestricted duty. **[Employers should verify any workers' compensation or disability benefit plan's language pertaining to payment adjustments for vacation or holiday pay.]**

Communication Expectations

If an employee is unable to work in any capacity and the company approves of the absences, the employee must stay in communication with the RTW program manager or HR contact person. The RTW program manager or HR contact person

must receive an update of the employee's medical status on at least a weekly basis. In addition to a weekly update, if the employee is seen by the doctor or receives a new restriction sheet, the employee must provide that information to the RTW program manager or the HR contact person as soon as possible after the visit.

Medical Appointments

[Insert company name] asks that, when possible, employees schedule medical appointments at times resulting in the least interference with work hours. [Employers should check state laws to determine if using paid time off for workers' compensation-related medical appointments is legal]. Employees should inform their superiors of all medical appointments as soon as possible. Nonemergency medical appointments not scheduled in advance may be cause for denial of time off.

The employee's medical provider must complete the [Insert company name] RTW Evaluation Form for each visit to evaluate the employee's injury or illness. It is the employee's responsibility to inform [Insert company's name] of their medical status after each doctor visit.

Employee Procedures

1. In the event an injury or illness is work-related, report it to your supervisor as soon as practicable.
2. Complete and sign a Report of Injury Form.
3. Let your supervisor know that you are seeking medical treatment and obtain an RTW Evaluation Form. The RTW Evaluation form must be completed for each practitioner visit regardless of your choice of physician and whether the condition is work-related or not.
4. Participate in the RTW program while your medical provider and supervisor continuously review your condition.

REFUSAL TO PARTICIPATE

If you are unable to return to your regular job but are capable of performing transitional duty, you must return to transitional duty. Employees who choose not to participate in the [Insert company's name] RTW program or follow all requirements in this RTW policy may become ineligible for state workers' compensation benefits, and, in some cases, refusal to participate may be a basis for termination. Unpaid family medical leave may apply upon refusal, and disability benefits will cease.

FAMILY MEDICAL LEAVE AND OTHER BENEFITS

State or federal leave laws may provide additional rights and protections during times of illness or injury. Lost wages may be reimbursed if disability benefits are available. Contact the HR department for further details.

Return-to-Work Policy

Employee Acknowledgement

[Insert company name]'s primary goal is to accommodate injured and recovering workers by identifying or modifying jobs to meet their physical capacities and allowing them to RTW as quickly and smoothly as possible. The company is committed to individualizing RTW programs based on the individual's physical capabilities and will review all task assignments regularly to ensure duties are appropriate.

We are committed to early RTW and recognize that it speeds up the recovery process and reduces the likelihood of permanent disability. [Insert company name] employees are expected to show the same commitment to the program by following the RTW policy and all guidelines of the RTW program. The RTW program requires a team approach, so employees are expected to cooperate with the management team, supervisors and medical staff should they ever become injured and unable to perform their full job duties.

Prior to working on any [Insert company name] job site, each employee is expected to have read the entire RTW policy, which includes the following sections:

- Purpose
- Scope
- Definitions
- Applicability
- Responsibilities
- Procedure
- Refusal to Participate
- Family Medical Leave

If you have any uncertainty or questions regarding the content of these policies, you are required to consult your supervisor. This should be done prior to signing and agreeing to the [Insert company name] RTW policy.

I am aware of and have read [Insert company name]'s RTW policy, and I understand the requirements and expectations of me as an employee. Should I become injured or ill and unable to carry out my regular duties due to a work-related incident, I fully recognize [Insert company name]'s expectations of me during my recovery.

I understand that if I choose not to participate in the RTW program or follow this policy's guidelines, I may become ineligible for state workers' compensation benefits, and, in some cases, my refusal may be grounds for termination.

Employee Signature: _____

Workers' Compensation Employee RTW Plan Checklist

The Workers' Compensation Employee RTW Plan Checklist is a structured tool designed to aid employers in developing and implementing a plan for an employee's return to work following a work-related injury or illness. This checklist offers guidance on the necessary steps and considerations involved in the RTW process.

CHECKLIST

Workers' Compensation Employee Return-to-Work Plan

Presented by SCS Agency Inc

Use this checklist to make sure all the return-to-work (RTW) tasks related to a workers' compensation claim have been completed.

Employee name:	HR/Supervisor contact name:
Supervisor name:	Injury date:
Claims adjuster name:	Claim number:

Workers' Compensation Tasks	Completed	Date Completed	Reason for Not Completing
Attend to employee when there is an incident: Provide first aid or send them for medical care.	<input type="checkbox"/>		
Complete first report of injury.	<input type="checkbox"/>		
File injury report with insurance provider (or state, if self-insured).	<input type="checkbox"/>		
Complete injury investigation. Collect witness statements, if applicable.	<input type="checkbox"/>		
Conduct employee interview (when possible to do so).	<input type="checkbox"/>		
Notify payroll department of employee's work status (if employee is out of work).	<input type="checkbox"/>		
Provide employee with workers' compensation information and employee rights.	<input type="checkbox"/>		
Make the appropriate calls to report to OSHA if there was a hospitalization or amputation.	<input type="checkbox"/>		
Notify the employee of the process of workers' compensation and who they will likely hear from during this process.	<input type="checkbox"/>		
Send the RTW evaluation form and letter to the employee or the treating doctor (if known).	<input type="checkbox"/>		
Reach out to the employee as soon as possible after the injury to let them know about return to work options.	<input type="checkbox"/>		
Determine if the workers' compensation claim is approved, and work with payroll to make sure the employee is paid their workers' compensation benefits.	<input type="checkbox"/>		

During Leave	Completed	Date Completed	Reason for Not Completing
Respond to requests from insurance company.	<input type="checkbox"/>		

CHECKLIST | Workers' Compensation Employee Return-to-Work Plan

Communicate with the injured employee weekly.	<input type="checkbox"/>		
Remind the employee that they should let the employer know when their doctor appointments are.	<input type="checkbox"/>		
Remind the employee that they should be turning in their medical restrictions sheets from the doctor when they receive them.	<input type="checkbox"/>		
Provide restriction paperwork to the claims adjuster (periodically as received by employee).	<input type="checkbox"/>		
Determine if the employee will need modifications upon return to work.	<input type="checkbox"/>		
Identify suitable work for the employee prior to them returning.	<input type="checkbox"/>		
Discuss claim with treating doctor or nurse (if applicable) by sending them the RTW letter to the treating doctor.	<input type="checkbox"/>		
Review loss runs (manage costs, reserves and case closures).	<input type="checkbox"/>		
Determine light-duty work tasks (if applicable).	<input type="checkbox"/>		
Prior to returning to work, have the employee undergo a functional capacity evaluation (FCE). Have them bring the FCE form with them to the appointment.	<input type="checkbox"/>		

Employee Returns to Work	Completed	Date Completed	Reason for Not Completing
Create the RTW plan for the employee.	<input type="checkbox"/>		
Go through expectations of the employee during the RTW period. Have the employee and employer sign the RTW accommodation acknowledgment.	<input type="checkbox"/>		
Meet with the employee to discuss modified work, review restrictions and discuss the RTW plan. Have the employee sign modified duty or alternative light duty work agreement.	<input type="checkbox"/>		
Provide the employer's responsibilities to the employee during the RTW period.	<input type="checkbox"/>		
Train or re-train employee (if necessary).	<input type="checkbox"/>		
Continue to check in with the employee throughout the RTW process.	<input type="checkbox"/>		
Check-in with the supervisor of the employee to get feedback.	<input type="checkbox"/>		
Monitor and make changes to the RTW if necessary for the employee.	<input type="checkbox"/>		
Continue to communicate progress of the employee to the insurance carrier/claims specialist.	<input type="checkbox"/>		
Fill out the RTW closure evaluation form when employee is released from physician care.	<input type="checkbox"/>		

This checklist is merely a guideline. It is neither meant to be exhaustive nor meant to be construed as legal advice. It does not address all potential compliance issues with federal, state or local standards. Consult with your legal counsel to address possible compliance requirements. © 2024 Zywave, Inc. All rights reserved.

RTW Employee Contact Log

The RTW contact log is a pivotal document in managing the process of an employee's return to work following an absence due to a work-related injury or illness. Its primary purpose lies in documentation, capturing every communication and interaction concerning the employee's return. This record ensures transparency and accountability throughout the process. Moreover, the log facilitates tracking the progress of the RTW plan, including any accommodations or modifications necessary for the employee's smooth transition back into the workplace. Ultimately, the RTW contact log serves as a valuable resource, supporting informed decision-making and fostering a collaborative approach to facilitating the employee's successful return to work.

Return-to-Work Employee Contact Log

Instructions: This return-to-work employee contact log should be used to keep track of communications with an employee who is out of work due to a work-related injury or illness. The employee should receive calls weekly from the return-to-work coordinator or a human resources representative as soon as they are determined to be unable to work. These calls should be made until the employee can return to work in any capacity. The purpose of these calls is to see how the employee's medical treatment is progressing and if they need any assistance with anything that the employer can help with. By checking in, the employer will be better informed of an employee's progress, and the employee may feel cared for.

Employee Name:	Phone:
Supervisor Name:	Phone:
Initial Injury date:	Return-to-Work Details:
Return-to-Work Date:	
Modified Duty End Date:	
Physician Name:	Phone:
Work Comp Claim Number:	Claims Adjuster Name:

	Phone:
--	--------

Date/Time of Communication	Injured Worker	Conversation Summary
[Insert date and time of communication here.]	[Insert the name of the worker and the phone number that was called.]	[Insert a summary of the conversation with the injured employee.]

This return-to-work employee contact log is merely a template for employers. It is neither meant to be exhaustive nor meant to be construed as legal advice. It does not address all potential compliance issues with federal, state or local standards. Consult your legal counsel to address possible compliance requirements. © 2024 Zywave, Inc. All rights reserved.

Sample RTW Letter to Treating Doctor

The purpose of an RTW letter to a treating doctor is to communicate with the medical professional responsible for treating an employee who has been involved in a work-related injury or illness. This letter typically provides the doctor with information about the employee's job duties, workplace environment, any accommodations or modifications available, and the anticipated timeline for the employee's return to work. Overall, the RTW letter helps facilitate communication between the employer and the treating doctor to support the employee's successful transition back to work while prioritizing their health and safety.

Sample Return-to-Work Letter to Treating Doctor

[Physician's Name]

[Mailing Address]

[City, State, Zip]

[Date]

Re: [Insert Employee's Full Name and Date of Birth]

Dear [Insert Physician's Name],

I am writing on behalf of [Insert company name] to inform you about our commitment to assisting our employees in their recovery from injuries. Our primary objective is to facilitate the return of injured employees to work when they are medically fit and within the parameters of their medical restrictions while aiding their healing process and enabling them to resume their regular job duties.

In situations where the current job roles of our employees cannot accommodate their medical limitations, we are prepared to make necessary adjustments. These modifications may include altering specific tasks, adjusting work hours, or modifying workstations and equipment. If these accommodations within their existing positions are not feasible, we are committed to offering transitional job opportunities elsewhere within our company. Depending on the specific medical restrictions, these transitional positions may include roles such as:

- [Insert Transitional Job Example 1]
- [Insert Transitional Job Example 2]
- [Insert Transitional Job Example 3]

Your Recommendations

Please assist us by providing your recommendations for this employee's return to work. Attached, you will find a job description, a medical release form and a functional capacity evaluation form for your recommendations.

Modified Duty or Transitional Duty (If Required)

If the employee is unable to return to regular job duties, we can arrange for modified or transitional duty. Please make recommendations for modified or transitional duty if applicable.

Please do not hesitate to contact our [Insert title], [Insert contact name], at [Insert phone number] with any questions you may have. We greatly appreciate your collaboration in assisting our employees in their return to work.

Thank you for your partnership in our endeavor to facilitate the reintegration of our employees into the workplace.

Sincerely,

[Your Name]

[Title]

[Company Name]

Sample Letter Requesting Employee Medical Release of Information

The purpose of a letter requesting employee medical release of information is to seek the employee's consent for the disclosure of their medical information to designated parties involved in their RTW process. By obtaining the employee's explicit permission, the letter enables effective communication between health care providers, insurers, HR personnel and supervisors. Additionally, the letter serves as documentation of the employee's voluntary authorization, ensuring legal compliance and protecting their confidentiality concerns.

Sample Letter Requesting Employee Medical Release of Information

[Current Date]

[Employee Name]

[Employee Street Address]

[Employee City, State, Zip]

Re: Claim No. [Claim Number] - Request for Release of Workers' Compensation Treatment Personal Health Information

Dear [Employee Name],

[Insert company name] (the "Employer") is requesting a release of your personal health information related to your workers' compensation treatment from your treating physician. This request is essential to assist with your return-to-work process. Attached to this letter, you will find an authorization form that outlines the specifics of the information we require.

We kindly request your authorization for the release of this information. We encourage you to carefully review the attached authorization, which is initially valid for [insert number of months the release can be valid for] as indicated. Furthermore, please be aware that you maintain the right to revoke this authorization at any time. To revoke it, simply send a written request to the Employer at the following address:

[Insert Employer's address]

Attention: [Insert name of person to receive authorization]

[Insert City, State, Zip]

To expedite the return-to-work process, we ask you to sign and return the attached authorization to the following address:

[Insert address for authorization return]

Attention: [Insert name of who will receive authorization]

Your cooperation in providing this information is greatly appreciated, as it will significantly aid in facilitating your return to work.

Thank you in advance for your assistance in this matter.

Sincerely,

[Insert Your Name] [Insert Your Title]

Authorization for Release of Information

I, [insert employee name], hereby grant authorization for [insert physician's name] to provide written information to [insert employer name and title], my employer, regarding my residual functional capacity, any limitations or restrictions on my ability to perform the functions of my position, and any devices, equipment or accommodations required to enable me to fulfill these functions.

I understand that I retain the right to revoke this authorization at any time by submitting a written statement to [insert employer name and address]. The statement should reference the date of signing (below) and specify the date on which this authorization becomes invalid.

I acknowledge that if I revoke this authorization, my employer may still use and disclose information for actions that have already been taken based on this authorization.

Printed Name: _____ Signature: _____
_____ Date: _____

[The original form must be signed and retained by the employer with a photocopy forwarded to the physician.]

Sample Request for Release of Medical Information

The Request for Release of Medical Information form is used to obtain consent from an individual to disclose their medical records to designated recipients. By completing this form, the individual authorizes the release of their medical history, diagnoses, treatments, and other pertinent health care information to specified parties, such as health care providers, insurance companies or legal representatives. This authorization ensures compliance with privacy regulations, notably the Health Insurance Portability and Accountability Act.

Sample Request for Release of Medical Information

Dear Dr. [insert name],

I am writing to you regarding [insert employee name], who is your patient and currently employed as a [insert employee classification] with [insert company]. I have received your correspondence dated [insert date], wherein you provided valuable information regarding [insert relevant information].

Enclosed is a signed release form by [insert employee name] authorizing you to share information concerning [his/her] current medical condition and any resulting limitations. This information will be crucial in our assessment of [his/her] ability to fulfill the requirements of [his/her] position and in determining whether any workplace accommodations, adjustments in [his/her] schedule or alterations in [his/her] assignments are necessary and feasible.

I kindly request your assessment of [insert employee's name] 's residual functional capacity, with specific emphasis on addressing the following questions related to [his/her] ability to perform the essential duties of [his/her] job. To assist you in this evaluation, I have included a functional capacity assessment form and a job description narrative outlining [Insert employee name]'s job duties and responsibilities. Please evaluate [insert what the doctor should evaluate specifically] and any other relevant aspects of the employee's work. Additionally, please identify any assistive devices, equipment or accommodations you believe could enable [insert employee name] to fulfill [his/her] duties and responsibilities.

To maintain confidentiality, please seal your response in the enclosed self-addressed, postage-paid envelope. Should you have any inquiries or require further information, please do not hesitate to contact me at [insert telephone number].

Sincerely,

[Authorized Signature]

Enclosures:

- Copy of Release Form Signed by Employee
- Job Duties Narrative
- Functional Capacity Assessment Form
- Self-addressed, Postage-paid Envelope

cc: [Employee's Name]

Functional Capacity Evaluation Form

The purpose of a functional capacity evaluation (FCE) form is to assess an individual's physical abilities, limitations and functional capacity related to performing job tasks or activities of daily living. This evaluation is typically conducted by a trained health care professional, such as a physical therapist or occupational therapist, and involves a series of standardized tests and assessments to measure the individual's strength, endurance, flexibility, range of motion, and other physical capabilities. The FCE form that is sent with the employee to their medical appointment serves as a structured tool for documenting the results of these assessments, providing an objective assessment of the individual's functional abilities and any limitations or restrictions that may impact their ability to perform specific job tasks or activities. This information is valuable for health care providers, employers, insurance carriers and other stakeholders involved in the individual's rehabilitation, RTW planning or disability determination process.

Functional Capacity Evaluation Form

Employee Name:	Claim No.:
Date of Injury:	Job position:
Claim Adjuster:	Date Requested:

SEDENTARY WORK: Lift 10 lbs maximum and occasionally carry small objects

LIGHT WORK: Lift 20 lbs maximum; frequently lift/carry up to 10 lbs

MEDIUM WORK: Lift 50 lbs maximum; frequently lift/carry up to 25 lbs

HEAVY WORK: Lift 100 lbs maximum; frequently lift/carry up to 50 lbs

VERY HEAVY WORK: Lift in excess of 100 lbs; frequently lift/carry 50 lbs

CAN THE EMPLOYEE:					
	Never	Occasionally (1%-33%)	Frequently (34%-66%)	Continuously (67%-100%)	Resulting From the Industrial Event (Yes/No)
1. LIFT:					
a. up to 10 lbs					
b. 11-24 lbs					
c. 25-34 lbs					
d. 35-50 lbs					
e. 51-74 lbs					
f. 75-100 lbs					

2. CARRY:					
a. up to 10 lbs					
b. 11-24 lbs					
c. 25-34 lbs					

d. 35-50 lbs					
e. 51-74 lbs					
f. 75-100 lbs					

3. PHYSICAL EXERTION:					
Push/Pull—Seated					
Push/Pull—Standing					
Bend/Stoop					
Squat					
Crawl					
Climb					
Reach above shoulder level					
Kneel					
Lift					
Carry					

4. ASSUMING AN EIGHT-HOUR WORKDAY WITH TWO 15-MINUTE BREAKS AND A HALF-HOUR MEAL BREAK, CAN THE EMPLOYEE:

*Circle the number of hours for each activity. NOTE: Total does **not** have to equal eight hours.*

Activity	Number of Hours								Continuously	With Rests
	1	2	3	4	5	6	7	8		
Sit									<input type="checkbox"/>	<input type="checkbox"/> How many: _____
Stand									<input type="checkbox"/>	<input type="checkbox"/> How many: _____
Walk									<input type="checkbox"/>	<input type="checkbox"/> How many: _____

Alternately sit/Stand	1	2	3	4	5	6	7	8	<input type="checkbox"/>	<input type="checkbox"/> How many: _____
-----------------------	---	---	---	---	---	---	---	---	--------------------------	--

5. CAN THE EMPLOYEE USE HANDS FOR REPETITIVE ACTIONS:						
	Simple Grasping		Firm Grasping		Fine Manipulating	
Right:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Left:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Estimated Grip Strength: Right: lbs Left: lbs						

6. CAN THE EMPLOYEE USE FEET FOR REPETITIVE MOVEMENTS?					
Right (Alone)		Left (Alone)		Both (Simultaneously)	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

7. DOES THE EMPLOYEE HAVE THE ABILITY TO:					
Activity	Severely Limited	Moderately Limited	Mildly Limited	Not Limited	Comments
Hear					
Speak					
See (near/far)					
Drive automotive equipment					
Exposure to dust, fumes, gases					
Comprehend and recall instructions					
Display prolonged focus					
Recall and complete assignments					
Able to receive supervision and					

input					
-------	--	--	--	--	--

8. CAN THE EMPLOYEE NOW RETURN TO FORMER JOB? Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, can the employee return to other work according to the restrictions defined above? Yes <input type="checkbox"/> No <input type="checkbox"/>
If the employee cannot return to any work at this time, give an estimated date for return to work or MMI:
Can the employee work full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, can the employee work part-time? Yes <input type="checkbox"/> No <input type="checkbox"/>
If the employee can work part-time but not full-time, please estimate the schedule in hours per day and days per week:
Disability rating (if applicable): %

9. COMMENTS:		
Physician Name:		
Address:		
City, State, Zip:		
Telephone:	Field of Specialty:	License No.:
Signature:	Date:	

RTW Evaluation Form

An RTW evaluation form is used to assess an employee's readiness and ability to resume their job duties after a period of absence due to a work-related injury or illness. This form gathers pertinent information regarding the employee's physical health status, functional capabilities, ongoing medical treatments and any restrictions that may impact their ability to work. By documenting this information, the evaluation form aids in determining the employee's fitness for work and identifying any accommodations or modifications required to support their return.

Return-to-Work Evaluation Form

Employee Authorization for Medical Records Release

I authorize [insert company name] to receive any information and facts regarding my injury, including reports and records; results of diagnosis, treatment and prognosis; estimates of disability; and recommendations for further treatment. This information will be used to evaluate and handle my claim for the workplace injury or illness reported on this form and for no other purpose, now or in the future. I agree that a photographic copy of this release is as valid as the original.

Employee Signature _____ Date ____ / ____ / ____

Please submit this completed form to [insert company name] by mail [insert and address], fax [insert fax number] or email [insert email address], or send it with the employee for them to turn in.

Directions: The employee’s treating physician should complete this document regarding the employee’s return to work from a work-related injury. A description of the employee’s job description is attached for reference.

Patient Name:	Occupation:
Date of Accident:	Diagnosis:
<input type="checkbox"/> Patient CANNOT return to work at this time.	
<input type="checkbox"/> Patient can return to work WITHOUT RESTRICTIONS starting: _____	
<input type="checkbox"/> Patient can return to work WITH RESTRICTIONS starting: _____	
Estimated length of time for restrictions: _____	
How many hours can the patient work in a day with restrictions : <input type="checkbox"/> 4 hours <input type="checkbox"/> 6 hours <input type="checkbox"/> 8 hours <input type="checkbox"/> 8+ hours	
The capabilities below are: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	How many hours can the patient work in a day: <input type="checkbox"/> 2 hours <input type="checkbox"/> 3 hours <input type="checkbox"/> 4 hours <input type="checkbox"/> 6 hours
Patient is: <input type="checkbox"/> Unable to return to work <input type="checkbox"/> Able to return to regular work	

<input type="checkbox"/> Able to return to modified duties		<input type="checkbox"/> 8 hours		
<input type="checkbox"/> Able to return to alternative job duties		<input type="checkbox"/> 8+ hours		
Do these restrictions apply to activities outside of work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If not, please explain: _____				
The patient is able to perform the following:				
Occasionally: 1%-33%				
Frequently: 34%-66%				
Continuously: 67%- 100%				
Stand	<input type="checkbox"/> 8+ hours	<input type="checkbox"/> 6 hours	<input type="checkbox"/> 3-4 hours	<input type="checkbox"/> 1-2 hours
Sit	<input type="checkbox"/> 8+ hours	<input type="checkbox"/> 6 hours	<input type="checkbox"/> 3-4 hours	<input type="checkbox"/> 1-2 hours
Walk	<input type="checkbox"/> 8+ hours	<input type="checkbox"/> 6 hours	<input type="checkbox"/> 3-4 hours	<input type="checkbox"/> 1-2 hours
Drive continuously	<input type="checkbox"/> 8+ hours	<input type="checkbox"/> 6 hours	<input type="checkbox"/> 3-4 hours	<input type="checkbox"/> 1-2 hours
Drive intermittently	<input type="checkbox"/> 8+ hours	<input type="checkbox"/> 6 hours	<input type="checkbox"/> 3-4 hours	<input type="checkbox"/> 1-2 hours
Bend	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Squat	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Climb	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Push	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Pull	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Reaching above shoulder level				
Reaching below shoulder level	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Twist	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Grasp (R/L)	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Fine Manipulation (R/L)	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Carry	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Lift	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Lifting Abilities				
0-15 pounds	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
16-20 pounds	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
21-30 pounds	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
31-50 pounds	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
51-75 pounds	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
76-100 pounds	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Restriction of Activities				
Work at heights	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Operate equipment or machinery	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Work in areas with temperature changes	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Operate forklifts	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never
Drive automobiles	<input type="checkbox"/> Continuously	<input type="checkbox"/> Frequently	<input type="checkbox"/> Occasionally	<input type="checkbox"/> Never

Has the patient reached maximum medical improvement (MMI)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when: _____
Is the patient been released from treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, as of when: _____

When will the patient be evaluated next? _____
--

Sample Modified Duty Agreement

This modified duty agreement serves to clarify expectations, facilitate RTW, ensure legal compliance, establish mutual agreement and monitor progress. By outlining the modified tasks or duties for injured employees, this agreement provides clarity on job responsibilities while accommodating their injury or condition. It helps injured workers transition back to work gradually, ensuring compliance with workers' compensation laws and regulations. Additionally, the agreement documents the mutual understanding between the employer and the employee regarding modified duties and any necessary accommodations. Provisions for monitoring progress allow for adjustments based on medical evaluations or changes in the employee's condition, ultimately aiming for a successful return to work while safeguarding the interests of both parties involved in the workers' compensation process.

Sample Modified Duty Agreement

Employee Information

Employee Name: _____ Date of Injury/ Illness: _____

Job Title: _____ Supervisor Name: _____

Department: _____

Physician's Name: _____ Telephone: _____

Follow-up Appointment Date: _____

Date Assigned to Light Duty by Physician: _____

Light Duty Start Date: _____ Light Duty End Date: _____

Description of work restrictions, per treating physician:

Assignment Type: Modified Alternate* (Temporary work in another position and/or location)

Alternate Placement Supervisor's Name: _____

Alternative Department/Location: _____

Description of Accommodation(s) Offered:

- Work Schedule: Unchanged / Changed
- Work Hours Per Day: From _____ a.m./p.m. to _____ a.m./p.m.
- Work Days: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

If an assignment is not available, explain the reason or list discussion points:

Employee Responsibilities

1. I agree to follow the work restrictions as prescribed above by my treating physician.
2. I understand that I must adhere to the agreed-upon temporary placement for my current restrictions.
3. I also understand that if I am asked to perform any work assignments or activities that exceed my work restrictions, I will immediately report the situation to my direct supervisor and I will not perform these activities.
4. Furthermore, I will immediately report to my direct supervisor if any of the work restriction(s)/accommodation(s) cause me discomfort or make my medical condition worse.

Duration and Review

1. I understand that a temporary modified/alternate duty assignment will be periodically reviewed and will not normally exceed the light-duty end date unless extended by the doctor.
2. This agreement does not imply entitlement to a permanently modified position.
3. I acknowledge that it is my responsibility to provide my supervisor with current work status reports from my physician.
4. This approval period ends and will not be extended unless I provide additional medical certification and there is a necessary assignment for me to perform that is within my restrictions.

Additional Comments/Notes:

Employee Acknowledgment

The work restrictions and accommodations were reviewed with the employee on: _____

Employee's Signature: _____ Date: _____

Supervisor Acknowledgment

Supervisor's Signature: _____ Date: _____

[Your Company Name]

Sample RTW Modified/Light-duty Job Offer Letter

The RTW modified/light-duty job offer letter is a formal document extending an offer of modified or light-duty job assignments to a returning employee after a period of absence due to a work-related injury or illness. By outlining the specific tasks, responsibilities and expectations associated with the offered position, the letter provides clarity for both the employer and the employee. It also acknowledges any accommodations or modifications made to accommodate the employee's medical condition or limitations, ensuring transparency in expectations. As a communication tool, it informs the returning employee about available job options and facilitates dialogue regarding their RTW plan between the employer and the employee. Ultimately, the letter demonstrates the employer's commitment to supporting the employee's successful return to work by offering tailored job assignments aligned with their needs and abilities.

Sample Return-to-Work Modified/Light-duty Job Offer Letter

DISCLAIMER: IT IS IMPERATIVE TO RECOGNIZE THE DIFFERENCES IN STATE LAWS FOR WORKERS' COMPENSATION AND RETURN-TO-WORK MANDATES. THIS CORRESPONDENCE SERVES AS A TEMPLATE; HOWEVER, EMPLOYERS ARE STRONGLY ADVISED TO INCORPORATE PERTINENT DETAILS FROM THEIR RESPECTIVE COMPANY POLICIES AND ADHERE TO STATE REGULATIONS ACCORDINGLY.

[Insert date]

[Insert employee name]

[Insert employee address]

Re: Return-to-work Modified/Light-duty Job Offer

Dear [insert employee name],

We have received medical information from [insert doctor's name] outlining the restrictions under which you are able to return to work. We are pleased to offer modified/light-duty work while you recover from your work-related injury/illness. We will abide by the physical limitations as outlined by the [insert doctor's name]. This letter serves to confirm our commitment to temporarily adjust your regular job responsibilities to accommodate your physical limitations.

Your health care provider has granted approval for your return to work with modified duties, as detailed in the attached report dated [insert date of report]. Please report to [insert supervisor's name] on [insert date and time] at [insert location].

Your work hours will be from [insert time] [a.m./p.m.] to [insert time] [a.m./p.m.], [insert schedule days]. You will be paid [insert wage] during this period.

Below is the job title, list of the job duties, maximum physical requirements, and time requirements for this temporary, modified-duty assignment.

Job Title	Insert job title
Job Description	Insert job description

Insert Task Name	Insert task description and time requirements for task
Insert Task Name	Insert task description and time requirements for task

Our goal is that this modified/light-duty assignment will aid your recovery while you transition back into full work activities. We will provide training if necessary to meet the requirements of this job. Your supervisor, [insert supervisor's name], has been informed about your physical restrictions. If you have difficulty performing the tasks you are assigned, you must notify your supervisor immediately. In the event that you are unable to continue working or need to leave your workplace due to these difficulties, please notify your supervisor first and then seek immediate consultation with your attending physician.

Should you be unable to work due to your work injury, you must furnish a written note from your physician specifying the reason for your absence. Furthermore, we kindly request that you provide us with updated medical information in writing should there be any alterations in your physical restrictions or when you receive them from your treating physician, whichever transpires first. Please make every effort to schedule physical therapy sessions and doctor appointments around your work hours whenever feasible.

By returning to work on [insert date of return] and returning this signed document, you have demonstrated your willingness to embrace modified duties. We are hopeful for successful reintegration into the workplace. If you have any questions or concerns, please feel free to contact me [insert contact information].

Your signature below acknowledges that you have reviewed this job offer. Declining this job may affect compensation benefits.

Please indicate your acceptance of this modified/light-duty position: Yes No

Employee: _____ Date: _____

AFTER SIGNING, PLEASE RETURN THIS LETTER [insert contact person/department and methods of delivering the letter].

Sincerely,

[Employer]

Enclosed: [Insert name of report]

Sample Temporary Alternative Light Duty Job Offer Letter

A temporary alternative light-duty job offer letter clarifies alternative duties and responsibilities for both the employer and employee, ensuring a smoother integration into the temporary roles. The letter also serves as documentation of the job offer terms, mitigating potential legal risks and providing a clear record of agreed-upon accommodations. Furthermore, offering a temporary alternative position demonstrates the employer's commitment to supporting the employee's recovery and rehabilitation process, facilitating a smoother transition back to full-duty work after a work-related injury or illness.

Sample Temporary Alternative Light Duty Job Offer Letter

[Employee Name]

[Address]

RE: Workers' Compensation Claim No. [insert claim number]

Dear [Employee],

We are pleased to extend a temporary employment opportunity tailored to accommodate your current physical limitations, allowing you to ease back into full-duty work. The position being offered is for the role of [insert offered role] situated at [insert location of offered role]. This position is transitional in nature and aligns with your physician's clearance to resume work, dated [insert date].

The key responsibilities of this role are delineated in the attached job analysis, which has been reviewed by your physician. This analysis provides a comprehensive overview of the job's approved tasks and requirements.

Work hours for this role are scheduled from [insert time] [a.m./p.m.] to [insert time] [a.m./p.m.], from [insert day of the week] through [insert day of the week]. You will continue to receive your standard wage of [insert wage]. It's important to note that the job's duties have been customized to adhere to the restrictions stipulated by your doctor as of [insert date most current restrictions].

Your immediate supervisor, [insert supervisor's name], has been informed of your physical limitations. If you encounter any challenges while fulfilling your responsibilities, please promptly report them to your supervisor. Should you find yourself unable to continue working or necessitate leaving the workplace due to any difficulties, your initial course of action should be to notify your supervisor and subsequently seek immediate consultation with your attending physician.

In cases where you are unable to work due to your work-related injury, we request that you provide a written note from your physician clearly stating the reason for your absence. Furthermore, we kindly ask that you provide us with updated medical information from your physician in written form in the event of any changes in your physical restrictions, or at least once every three weeks, whichever occurs first. We also encourage you to make every effort to schedule your physical therapy sessions and doctor appointments in a manner that minimally disrupts your work hours, if possible.

Please indicate your acceptance of the light-duty position: Yes No

Employee: _____ Date: _____

We greatly appreciate your cooperation during this transitional period and your dedication to a successful return to work. If you have any questions or concerns, please do not hesitate to reach out to us.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

Sample Employee and Employer RTW Accommodation Acknowledgment

The Employee and Employer RTW Accommodation Acknowledgment formalizes the agreement between both parties regarding any accommodations made for the employee's return to work following an absence due to a work-related injury or illness. Documenting this agreement confirms that both the employer and the employee are in alignment regarding the accommodations necessary for the employee's successful reintegration into the workplace. Additionally, the acknowledgment facilitates communication between the employer and the employee, ensuring that everyone involved is aware of and committed to the agreed-upon accommodations.

Sample Employee and Employer Return-to-work Accommodation Acknowledgment Form

Employee Acknowledgement of Accommodation

I acknowledge that I have medical work restrictions as specified by [insert doctors name], and I commit to adhering to these limitations. Furthermore, I pledge to keep my supervisor informed if my physician modifies these restrictions while I participate in the return-to-work program.

Employee Name (Printed)

Employee Signature

Date

Supervisor Acknowledgement of Accommodation

I acknowledge that I have reviewed and comprehended the temporary restrictions that have been placed on this employee by [insert doctor's name] and outlined in the report dated [insert date].

Supervisor Name (Printed)

Supervisor Signature

Date

Sample RTW Job Description Template

The RTW job description template serves as a structured outline for defining modified or alternative job duties and responsibilities for employees transitioning back to work after a work-related injury or illness. This template offers clarity and guidance to the returning employee and their supervisor or manager by delineating the specific tasks and expectations during the transition period. It also facilitates the identification of any accommodations or adjustments necessary to support the employee in effectively performing their job duties while considering their medical condition or limitations.

Sample Return-to-Work Job Description Template

Job Title:
Reports to:

Department:
Effective Date:

Job Overview:

[Insert job title] will have the responsibility of [insert job responsibilities] in executing their job responsibilities, which include [insert job duties].

Supervisory Roles:

[Insert if the employee has any supervisory roles and responsibilities.]

Examples:

- *No supervisory roles*
- *Engages in the recruitment, interview, hiring, and training of new staff members*
- *Manages the daily departmental workflow*
- *Offers constructive and timely performance assessments*
- *Handles employee discipline and terminations in alignment with company policies*

Employee Responsibilities:

[Insert what the employee responsibilities are related to their job title and the necessary skills and abilities needed for their job.]

Examples:

- *Exceptional oral and written communication proficiencies*
- *Outstanding interpersonal and customer service aptitudes*
- *Remarkable sales and customer service competencies*
- *Exceptional organizational capabilities with acute attention to detail*
- *Superior time management skills with a demonstrated track record of meeting deadlines*
- *Profound analytical and problem-solving proficiencies*
- *Robust supervisory and leadership talents*
- *Aptitude for prioritizing tasks and delegating when warranted*
- *Capability to perform effectively in a fast-paced and occasionally high-stress environment*
- *Proficiency in utilizing Microsoft Office Suite or similar software*

Education and Experience:

[Insert education requirements for employee's position.]

Examples:

- *Completion of high school diploma or its equivalent*
- *A minimum of two years of related experience is obligatory*
- *Preferably possesses current HR and/or compensation credentials or certifications*

Physical Requirements:

[Insert the physical requirements necessary for the employee to carry out job duties.]

Examples:

- *Extended periods of desk work involving computer use*
- *Capability to lift objects weighing up to 15 pounds as needed*

Sample RTW Evaluation Form Letter

The purpose of an RTW evaluation form letter is to formally request feedback from relevant stakeholders—such as supervisors, colleagues, and returning employees—regarding their experience and observations during the RTW process. This letter serves as a communication tool to gather valuable insights into the effectiveness of the RTW plan, accommodations provided and overall satisfaction with the transition back to the workplace. By soliciting feedback through the evaluation form, employers can assess the success of their efforts in supporting the employee's return to work and identify any areas for improvement. Additionally, the letter acknowledges the importance of employee input in shaping future RTW strategies and demonstrates the employer's commitment to continuous improvement and employee well-being.

Sample Return-to-Work Evaluation Form Letter

Dear Doctor:

You are currently providing medical care to an employee from [insert company name]. Just as we trust your expertise for all your patients, we have full confidence that our employee is receiving the highest quality medical treatment under your care.

At [insert company name], we place great importance on the well-being of our employees and their swift return to work. In line with this commitment, we have established a worker's compensation return-to-work program tailored to address the physical and medical requirements of our employees.

Your professional insights regarding this employee's ability to resume work are invaluable to us. We kindly request your completion of the provided form, as it will aid us in determining whether the employee can return to their regular position or if we should offer a temporary modified role that aligns with their physical and medical needs, if necessary.

We extend our sincere appreciation for your cooperation and assistance in this matter.

Sincerely,

Human Resource Manager

[Insert company name here]

Telephone: _____

RTW Closure Evaluation Form

The purpose of an RTW closure evaluation form is to aid the company in enhancing future RTW plans and the overall RTW work program. This form is an evaluation of the procedures that were followed for the program. The RTW coordinator or HR program coordinator should fill out this document.

Return-to-Work Closure Evaluation Form

The purpose of this assessment form is to aid the company in enhancing future return-to-work (RTW) plans and the overall RTW program. This form is an evaluation of the procedures that were followed for the program. The RTW coordinator or HR program coordinator should fill out this document.

Employee Name:	Date of Injury/Illness:
Supervisor Name:	Claim Number:
Start Date of RTW: _____ End Date of RTW: _____	

RTW Goal	RTW Goals Achieved
<input type="checkbox"/> Pre-injury job	<input type="checkbox"/> Pre-injury job
<input type="checkbox"/> Pre-injury job modified with accommodation	<input type="checkbox"/> Pre-injury job modified with accommodation
<input type="checkbox"/> Alternative job	<input type="checkbox"/> Alternative job
Comments:	

Question	Yes/No/N/A	Comments or Suggestions
Did the supervisor or RTW coordinator maintain consistent communication with the employee during any period when the employee was unable to resume work?		
Was the RTW plan devised and put into action promptly?		
Did the employee actively participate in identifying suitable tasks and in crafting the RTW plan?		

Were the employee's functional capabilities taken into account when identifying suitable tasks?		
Was the assigned work both productive and valuable to the organization?		
Did both the supervisor and the employee sign the RTW plan, and were copies of the plan retained?		
Was there regular monitoring of the RTW plan?		
Was the RTW plan adjusted as needed?		
Was confidentiality upheld, and was all confidential information disclosed only with the employee's consent?		
Were any identified issues or concerns promptly addressed?		
Were the objectives of the RTW plan achieved?		

What worked well with the RTW procedure and program?

Suggestions for improvements to the RTW procedure and program:

Completed by: _____

Date: _____