City of Carroll

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MEMO TO: Mike Pogge-Weaver, City Manager

FROM: Laura A. Schaefer, Finance Director/City Clerk

DATE: November 5, 2020

SUBJECT: Policy No. 0902 – Return to Work Policy
Temporary Modified Assignment

Since 2010, the City of Carroll has had a Return to Work Program in place for on the job injuries. The main objective was to return employees, who are injured on the job, to work as soon as possible following any restrictions as prescribed by the health care provider.

Return to Work Programs are beneficial to both the employer and employee. Studies have been conducted that show if an employee is out of work for longer than six months, their chance of returning to work is less than 50 percent. After one year it drops to 25 percent and after two years the chance of this employee returning to work is 1 percent.

In 2017, Iowa legislation was passed that changed the Iowa Workers Compensation Code. One of the significant changes was that when an offer of suitable work is made by the employer, it must be in writing. The notice should also communicate to the employee that if they refuse the offer of temporary work, they may lose some eligible worker's compensation benefits. In addition, the employee must communicate the reason for refusal in writing to the employer, upon the time of refusal.

Included with this memo is an updated Return to Work Policy with a Return-to-Work Agreement. The new policy and agreement were obtained from the City's worker compensation insurance carrier, Iowa Municipal Workers' Compensation Association (IMWCA) and was reviewed by the City's labor attorney Mike Galloway, Ahlers & Cooney.

RECOMMENDATION: Council approval, by resolution, of the updated Policy No. 0902 – Return to Work Policy – Temporary Modified Assignment.

RESOLUTION NO. _____

A RESOLUTION AMENDING POLICY NO. 0902 –
RETURN-TO-WORK POLICY
TEMPORARY MODIFIED ASSIGNMENT

WHEREAS, the City of Carroll has had a Return-To-Work Policy in place since 2010 and;

WHEREAS, in 2017 the Iowa Legislature passed a law that changed the Iowa Workers Compensation Code specifically requiring the employer to communicate in writing to the affected employee the offer of suitable light duty and;

WHEREAS, the City Council of the City of Carroll, Iowa, finds that the amended Policy No. 0902 – Return to Work/Temporary Modified Assignment is acceptable and should, therefore, be approved.

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Carroll, Iowa, that the attached amended Policy No. 0902 – Return to Work/Temporary Modified Assignment is approved.

PASSED AND APPROVED this 9th day of November, 2020.

CITY COUNCIL OF THE
CITY OF CARROLL, IOWA

_____
Eric P. Jensen, Mayor

Attest:

_____
Laura A. Schaefer, City Clerk

CITY OF CARROLL

POLICIES AND PROCEDURES MANUAL

Subject **Return-To-Work Policy** **Temporary Modified Assignment**		Policy No. 0902
Responsible Division(s), Office(s) **All Departments**	Related Policies & Procedures	
Effective/Revision Date 12/13/10; 11/9/2020	Approval(s)	

It is the policy of the City of Carroll to provide temporary modified work, if available at the earliest possible date following an injury or illness, for employees who are unable to return to their regular job classifications. This policy is to complement the procedures applicable to employees eligible for reasonable accommodation or covered under the Americans with Disabilities Act (ADA) or leave benefits under the Family and Medical Leave Act (FMLA).

Inquiries about the ADA or FMLA should be directed to the City Clerk.

Eligibility:

Whenever an employee becomes unable to temporarily perform his/her regular job classification the City of Carroll may offer temporary modified work. Whether the City of Carroll offers temporary modified work is always dependent upon the individual circumstances.

Definitions:

Modified Duty:
Temporary work assignments within the worker's physical abilities, knowledge and skill (also known as light duty and transitional duty). Modified Duty assignments must be accompanied with a Work Status Report or medical provider's certification.

Objectives:

- Provide procedures for administering temporary modified return-to-work assignments;
- When possible, temporary modified assignments will be made available to injured workers to minimize or eliminate lost time from work. The City of Carroll cannot guarantee temporary modified assignments and is under no obligation to offer, create or burden any specific position for the purpose of offering placement to such a position.
- Promote speedy recovery and rehabilitate employee back to work as effectively and as quickly as possible while keeping the employee's work patterns and income consistent.
- Complete the essential tasks of the employee's job function.
- Maintain communication among all parties to ensure quality medical care and to manage claim costs.

Procedures:

City Clerk:

- Provides the employee with a job description that reflects the essential functions and physical demands of the position and a Work Status Report for the designated medical provider to complete
- Reviews the completed Work Status Report or medical certification in conjunction with the job description to determine if a temporary modified work is available in any department within the City of Carroll. Consults with the Designated Medical Provider if necessary
- Fills out the RTW Agreement and meets with the employee to review
- Monitors on-going medical and work adjustment, meets with employee as needed to review status
- Determines from Medical Provider whether restrictions apply both at home and at work or other non-work location.

Employee

- Takes required paperwork to designated medical provider appointments (job description, Work Status Report)
- Reviews and signs RTW Agreement
- Follows work restrictions as prescribed by designated medical provider
- Adheres to the temporary restrictions and accommodations, does not perform any activities that exceed work restrictions Adheres to restrictions both at work and elsewhere as determined by Medical Provider.
- Reports immediately to supervisor any work duties or activities that exceed work restrictions
- Reports immediately to supervisor if any work restriction(s)/accommodation(s) cause discomfort or make medical condition worse
- Informs supervisor in advance of medical appointments, schedule any medical appointments during non-work time, if possible
- Updates supervisor with current Work Status Report or updated certification from designated medical provider after every appointment

In the event an employee refuses a temporary modified assignment, which is within the restrictions identified by the designated medical provider, workers compensation benefits could be affected. In such cases, the City of Carroll will notify the insurance carrier of the employee's refusal of the temporary modified assignment. A refusal by an employee of a light duty or modified work assignment may have an adverse effect on the employee's workers' compensation benefits.

If, at the end of the temporary modified duty assignment, the employee is able to perform his/her regular job duties with or without reasonable accommodations, then the employee may return to his/her regular position. If, at the end of the temporary modified duty assignment, the employee is not able to perform his/her regular job duties, the City of Carroll will review the employee's medical condition and determine whether the individual is a qualified individual with a disability as defined by the Americans with Disabilities Act (ADA).

Return-To-Work Agreement

[Date]

[Name of temporarily restricted worker]

I understand a temporary modified assignment that complies with my temporary work restrictions as identified by my designated medical professional is being offered to me. I also understand that I may lose my eligibility for certain worker's compensation benefits for rejection of the modified assignment.

I understand this offer is for a temporary period of time.

I agree to follow the work restrictions as prescribed by the designated medical provider and understand that I need to adhere to the agreed upon temporary restrictions and accommodations. Pursuant to the healthcare provider, these restrictions may apply both at work and at non-work locations. 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 that I will not perform these activities. 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.

I understand that I should try to schedule any medical appointments during non-work time. If I am unable to do so, I understand that I need to inform my supervisor in advance of the appointment date. I understand that the time off for the appointment will be unpaid, unless otherwise covered by a paid leave policy.

I also understand that it is my responsibility to provide my supervisor with current work status reports from my physician.

I understand that a temporary modified/alternate duty assignment will be periodically reviewed and will not normally exceed 90 calendar days. This does not imply entitlement to a permanently modified position.

The City of Carroll follows the provisions of the Family Medical Leave Act (FMLA), Americans with Disabilities Act (ADA) and the Iowa Civil Rights Act (ICRA). If the employee believes he or she is disabled within the meaning of ADA or ICRA, then he or she should discuss that belief with the City Clerk.

_____

Employee Signature Date

_____

Supervisor Signature Date

TEMPORARY/MODIFIED ALTERNATE DUTY AGREEMENT FORM

Employee Name: _____ Date of Injury/Onset of Illness: _____

Job Title: _____ Supervisor Name: _____

Department: _____ Date Assigned to Temporary Light Duty by Physician: _____

Temporary Duty Start Date: _____ Temporary Duty End _____

Description of Work Restrictions, per Treating Physician: (List specifically what is stated in medical note.)

_____

_____

_____

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

*If Alternative location, Supervisor's Name: _____ Alternative location: _____

Description of Accommodation(s) Offered: _____

_____

_____

Work schedule: ☐ Unchanged ☐ Changed _____ Work hours per Day from _____ am/pm to _____ am/pm

Work Days: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Wage Rate: _____

If assignment not available - Reason/Discussion Points: _____

_____

_____

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

☐ Yes, I understand this agreement and I accept this work. I will comply with restrictions as prescribed by my treating physician.

☐ No, I understand this agreement and I do not accept this work alternate work position. I understand that refusal of this return to work offer may adversely affect my worker's compensation benefits.

I refuse this offer of work restrictions and accommodations because:

_____

_____

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____