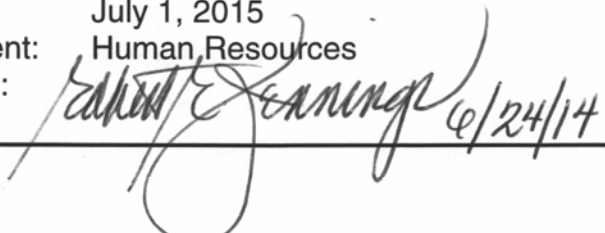


LINCOLN UNIVERSITY

Policy: Return to Work and Modified Duty Program
Policy Number:
Effective Date: July 1, 2014
Revisions: N/A
Next Review Date: July 1, 2015
Reviewing Department: Human Resources
President's Approval:  6/24/14

1. Policy

This policy provides guidelines for administering a Return to Work and Modified Duty Program ("Program"). This Program is designed to help employees transition back to work after an injury or illness by providing meaningful work of a restricted or limited nature. The Program should reduce loss of work time and help maintain continuity of departmental operations.

2. Applicability

This policy applies to all University employees.

3. Definitions

A. Modified Duty

Duties assigned to an injured or ill employee which enable the employee to retain his/her current job status with some limited restrictions.

B. Alternate Duty

Duties assigned to an injured or ill employee which require the employee to transfer to another job position or department on a temporary basis.

C. Work-Related Injury/Illness

Any injury or illness which occurs while performing assigned job duties.

D. Non Work-Related Injury/Illness

Any injury or illness which occurs while commuting to or from work, or while not performing assigned job duties.

4. Responsibilities

A. Injured Employees are responsible for:

1. Having any or all specific job-related restrictions approved by a treating physician for non work-related injuries; however, for work-related injuries or illnesses, the employee must be treated by a University designated physician (Panel Provider).
2. Reporting all job-related restrictions to the Human Resources department and the employee's immediate supervisor.
3. Keeping both the Human Resources department and immediate supervisor informed of any change in job-related restrictions.
4. Adhering to all medical advice and directives as prescribed by their treating physician, nurse, or other medically qualified professional.
5. Questioning any medical directives which you do not understand.
6. Not performing any activity which is outside your job-related restrictions.
7. Being re-evaluated by a treating physician within thirty (30) days of your last examination to determine whether modified or alternate duty status should be continued or changed.

B. Supervisors are responsible for:

1. Ensuring that all employees with job-related restrictions adhere to their restrictions as noted on the Modified Duty Form (see attached).
2. Assigning employees with job-related restrictions to jobs which accommodate their restrictions. If no jobs are available within your department, contact the Office of Human Resources to discuss other possible options, including a departmental transfer.

C. The Office of Human Resources is responsible for:

1. Attempting to arrange for temporary work assignments of employees scheduled for alternate duty where no work is available within the employee's regular department.
2. Contacting Panel Providers and informing them of the University's Return to Work and Modified Duty Program. Providing periodic updates and any change of status relating to the Program.

3. Confirming employee re-evaluations as noted under "Employee Responsibilities"

5. **Guidelines**

- A. **Modified and Alternate Duty** employees will maintain their current pay rate for a period of eight (8) weeks for work-related injuries or illnesses. Employees may use their accumulated paid time off for non work-related injuries or illnesses.
- B. Whether an employee should continue on modified duty due to a work-related injury or illness shall be at the discretion of the University.
- C. Generally, an employee with non work-related injuries may only continue on this Program for a period of four (4) weeks. After this time, the employee may be placed on or returned to sick leave at the University's discretion.

MODIFIED DUTY FORM

Name		Date	
Physician Statement			
	No limitations. Return to Work.		
	Injury prevents employee from returning to work in any capacity.		
	May return to work with the following limitations (check all that apply)		
	Date of expected return to FULL DUTY STATUS		
Working Hours			
	Hours/Days	Days/Week	No Restriction
Walking		Lifting	
	Walking not permitted		No work requiring use of arms above shoulder level
	Some limitations – full shift		Lifting not permitted
	1-4 hours		No lifting, pushing, pulling over:
	4-6 hours	10 lbs.	20 lbs.
	6-8 hours	30 lbs.	40 lbs.
Standing		Sitting	
	Standing not permitted		Sitting not permitted
	Some limitations - full shift		Time limitations – full shift
	1-4 hours	1-3 hours	3-5 hours 5-8 hours
	4-6 hours	Special seating – Explain:	
	6-8 hours		
Handling			
Patient can use hands for repetitive movement		Right	Y N Left Y N
Driving		Kneeling, Squatting, Climbing	
	Driving no permitted	No working requiring repetitive or prolonged kneeling, squatting or climbing	
	Short distances (explain)		
	Limited number – exit and enter vehicle	Employee is able to:	
	Other limitations (explain)	Frequently	Occasionally Not at All
		Bend	
		Squat	
		Climb	
Other Restrictions (explain)			
Limitations to remain in effect until and including: (Date)			Recheck Y N
			Date
Completed by: (Physician's Signature)			
Physician's Name: (Please Print)			

*Treating Physician's Form may be supplied in lieu of this Form.