



## State of Louisiana

### DIVISION OF ADMINISTRATION OFFICE OF THE COMMISSIONER

"MIKE" FOSTER, JR.  
GOVERNOR

MARK C. DRENNEN  
COMMISSIONER OF ADMINISTRATION

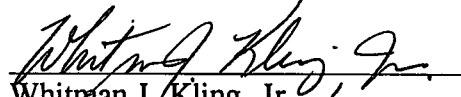
DIVISION OF ADMINISTRATION

DOA PERSONNEL POLICY NO. 29

EFFECTIVE DATE: JANUARY 17, 2000

SUBJECT: Early Return to Work Policy

AUTHORIZATION:

  
Whitman J. Kling, Jr.  
Deputy Undersecretary

#### I. PHILOSOPHY

The health and well-being of all employees is of great importance to the Louisiana Division of Administration (DOA). It is well documented that injuries affect the whole person and that an effective rehabilitation and treatment must address the whole person. Part of that treatment includes keeping physically and mentally active within the restrictions of the particular injury. DOA will make reasonable effort to help employees maximize their healing and facilitate their early return to work.

#### II. POLICY

Consistent with the general intent of Senate Concurrent Resolution 50 of the 1997 Regular Legislative Session regarding a Return-to-Work Policy for employees on Worker's Compensation, DOA will make reasonable effort to return to the workplace those classified employees of DOA who have sustained job-related injuries or illnesses, and, as a result, are temporarily prevented from returning to their full former employment. To return an employee to the workplace, DOA will make reasonable effort to place the returning employee into a meaningful assignment, which he/she can perform while on light or limited duty on a temporary basis.

**DOA does not guarantee placement and is under no obligation to offer, create, or encumber any specific position for the sole purpose of offering placement.** All final decisions regarding placement shall be made by the Appointing Authority of the Division of Administration.

This policy is not intended to instruct the procedure applicable to employees who are eligible for reasonable accommodation under the Americans With Disabilities Act. Should an employee be eligible under the Americans With Disabilities Act (i.e., an employee having a physical or mental impairment that substantially limits one or more of the major life activities of such an individual, who, with or without reasonable accommodation, is

qualified for and can perform the essential functions of the position), the section head should contact the Office of Personnel Services for guidance.

First priority for any placement offered will be within the employee's section; second priority will be for placement in another section within DOA.

### **III. APPLICABILITY**

This policy applies to all employees of the DOA and to all sections of the DOA, both general appropriation and ancillary appropriation.

### **IV. RESPONSIBILITY**

#### **A. DOA Safety Coordinator Responsibility**

1. Reviews and analyzes injury data to spot trends of injuries and accidents;
2. Reviews Job Safety Analysis and acts as liaison with appropriate entities to correct and/or eliminate hazard;
3. Develops and implements employee safety training programs.

#### **B. Fiscal Responsibility**

The salary and benefits of the injured employee will be the responsibility of the original employing unit unless and until appropriate transfers have been approved by the Appointing Authority and finalized.

#### **C. Office of Personnel Services Responsibility**

1. Facilitates all case management activities;
2. Reviews forms for completion by correct person;
3. Informs injured employee of benefit options, rights and responsibilities;
4. Maintains contact with the Appointing Authority, injured employee and ORM;
5. Maintains injury records and history and provides copies to the DOA Safety Coordinator;
6. Acts as liaison for all interested parties;
7. Works with the supervisor to identify specific job tasks and suggest appropriate schedule/job modifications.

8. Concentrates on returning the employee to work activities that are based on physical capabilities and transferable skills.

#### **D. Office of Risk Management**

The Office of Risk Management (ORM) has the responsibility for the administration of claims for medical and disability benefits to employees who are injured on the job as well as responsibility for the coordination of the Early Return-To-Work Program, including light duty or alternate duty assignments (L.R.S. 39:1527-1544).

#### **E. Section Head Responsibility**

1. Initiates immediate medical attention for injured employee when necessary;\*
2. Conducts investigation; and completes and submits the following reports to the Office of Risk Management and the DOA Safety Coordinator:
  - a. Incident Investigation/Accident Investigation Report, and
  - b. Employer's Report of Occupational Injury or Disease, and
  - c. Job Safety Analysis to identify problem and correct hazard.\*
3. Reports the injury and completes all paperwork required by the Office of Personnel Services as soon as possible;\*
4. Informs employee of DOA and section policies and practices;
5. Maintains contact with the injured worker and the Office of Personnel Services;
6. Develops a list of essential duties, on the OF-750 (attached), for the position to which the employee is permanently assigned, presents the completed document, along with the Physician's Certification (OF-752), to the employee for presentation to and completion by the employee's physician. The section head of any section where a position is being considered as a light-duty alternative shall develop a list of essential duties for that position being considered on the OF-750, for the same purpose.
7. Provides to the Office of Personnel Services an updated Physician's Certificate and List of Essential Duties upon receipt from the employee;
8. When appropriate, identifies or develops modified work assignment for employee, within medical restrictions.
9. After approval by the Appointing Authority and in conjunction with the immediate supervisor will advise the employee of the modified duty assignment or work schedule chosen and the stated period of the temporary assignment.

10. Concentrates on returning the employee to work activities that are based on physical capabilities and transferable skills.

**\* Applies to any employee incurring injury whether or not early return to work applies.**

#### **F. Employee Responsibility**

1. Reports injury immediately to supervisor;\*
2. Completes all needed paperwork as soon as possible;\*
3. Follows DOA and section policies and practices (particularly regarding attendance);
4. Maintains regular contact with original supervisor;
5. Presents the List of Essential Duties (OF-750) and the Physician's Certification (OF-752), (which is provided by the section head), to his/her physician for completion. Returns the completed documents in the time period specified or presents to the section head legitimate justification for delay.
6. If offered, returns to modified duty status or modified work schedule which is within medical restrictions as set by the treating physician.
7. Provides original supervisor with regular updates on status. At least once a month, provides supervisor with a newly completed Physician's Certificate (Of 752) and List of Essential Duties (OF-750).

**\* Applies to any employee incurring injury whether or not early return to work applies.**

#### **V. EXCEPTIONS**

Exceptions to this policy must be requested of and approved by the Appointing Authority.

#### **VI. QUESTIONS**

Questions should be directed to the Office of Personnel Services.

## **EARLY RETURN TO WORK PROCEDURE**

### **A. DETERMINATION OF EMPLOYEE'S INABILITY TO PERFORM THE ESSENTIAL DUTIES OF HIS/HER PERMANENT POSITION**

1. When, as a result of an on-the-job injury, an employee has stated an inability to perform the essential functions of his position or has been absent from work for 5 days, the section head will initiate an investigation into the employee's ability to perform the essential duties of his/her position. The section head will:
  - a. Complete the List of Essential Duties, OF-750, relative to the employee's position, and
  - b. Attach the completed List of Essential Duties (OF-750) to the Physician's Certification, OF-752, and
  - c. Provide these documents to the employee, requesting the return of the completed forms within 15 days of the employee's receipt of the document.
2. Upon receipt of the completed Physician's Certification (OF-752) and List of Essential Duties (OF-750), the employee's section head and supervisor will review the documents to determine if restrictions to duties are indicated. If there are restrictions, they will assess how such restrictions are likely to impact the employee's ability to perform his/her duties. If questions exist as to such ability, the employee's section head (with assistance from the Office of Personnel Services) will communicate with the employee's physician.
3. The employer reserves the right to obtain a second medical opinion on the employee's condition at the employer's expense.

### **B. INITIAL CONSIDERATION OF ACCOMMODATION**

1. If the section head determines that the employee is not able to perform the essential duties of his/her permanent position without restriction, then, in conjunction with the employee's supervisor and the Office of Personnel Services, he/she will utilize all information obtained to determine whether the employee is able to:
  - a. Return to work with a temporary (six months or less) modification of duties and a full schedule, or
  - b. Return to a work without modification of duties but a less-than-full schedule, or
  - c. Return to work with a temporary modification of duties and a less-than-full schedule, or

- d. Return to work in a different position on a temporary basis, not to exceed 6 months.
2. If A, B, or C becomes an alternative, the section head together with the supervisor will determine whether the employee's position duties or schedule can be altered on a temporary basis. Consideration will be given to:
  - a. The severity of the employee's condition and the extent to which his or her ability to work is impaired, and
  - b. Whether the employee's condition is temporary or permanent, and if temporary, for what duration it is expected to continue, and
  - c. The extent to which regular job duties or hours may be temporarily altered to permit the employee to return, and
  - d. The impact of any alteration in hours or duties on the productivity, workload, or work environment of other employees, and
  - e. The availability of alternative work assignments.
3. If the employee's section head decides that a position with modified duties and/or modified schedule could be offered, he/she must notify the Appointing Authority and the Office of Personnel Services of the nature of the modification. The Office of Personnel Services will address human resources concerns such as classification issues and will provide the Appointing Authority with a recommendation as to whether or not the modification complies with Civil Service Rules and guidelines.

The Appointing Authority makes the final determination to offer or not offer a modified position/schedule to the employee.

#### **C. SECONDARY CONSIDERATION OF ACCOMMODATION BY APPOINTING AUTHORITY**

1. In the event that the employing section cannot offer a modified position/schedule to the employee, it must notify the Appointing Authority and Director of the Office of Personnel Services and submit written reasons for the determination. A review of the determination will be made by the Appointing Authority with consultation from the Office of Personnel Services and representatives of the sections involved.

Where the Appointing Authority decides that the employing section cannot offer a modified position or a different position to the employee in compliance with his/her physical capabilities (either by his/her own decision or upon affirmation of the section heads recommendation), the Appointing Authority may delegate a representative to seek a position within the whole of DOA which the employee can perform while subject to work restrictions. The delegated representative shall

report directly to the Appointing Authority and will receive support and assistance from the following:

- a. The injured employee, and
  - b. Staff from the Office of Personnel Services, and
  - c. Section heads, and
  - d. The DOA Safety Coordinator.
2. The delegated representative will review the information gathered by the section head regarding the employee's ability to perform various tasks. The delegated representative will evaluate positions within the Division of Administration which may be available for placement of the employee on a temporary basis and must assure that:
- a. The employee meets the Civil Service Minimum Qualification Requirements of the position job title.
  - b. The position is allocated, budgeted, vacant, and not filled by detail to special duty.
  - c. The section where the position is located has a need for the vacancy to be filled.
  - d. The employee has his/her physician complete the Physician's Certification (OF-752) which has attached the List of Essential Duties (OF-750) of the position the delegated representative is considering for the employee.
  - e. Based on all information gathered, the delegated representative believes that the employee can perform the duties of the position without harm to him/herself or others.
3. The delegated representative will discuss the possibility of the employee's temporarily occupying the position with the section head of the section where the position is located.
- a. In the event that the section head does not feel he/she can offer the position to the employee he/she must submit written reasons for the determination to the delegated representative for presentation to the Appointing Authority.
  - b. In the event that the section head is able to make an offer of a position to the employee, he/she shall so indicate to the delegated representative. The delegated representative will make a report to the Appointing Authority indicating the selected position, the acceptance of the section head, and the intent to make the offer to the employee.

- c. The delegated representative will work with the Office of Personnel Services to assure that all technical details regarding the temporary appointment are in order.
- d. Upon approval by the Appointing Authority, the Office of Personnel Services, the section head offering the position, and the current supervisor arrange a meeting with the employee to make the offer and answer questions.

#### **D. FINAL CONSIDERATIONS**

- 1. In the event an employee refuses a modified position or reassignment to duties that are within the employee's capabilities to perform, the employer is not obligated to provide alternatives. The employee must submit in writing his/her refusal of a proposed modified position or reassignment of duties.
- 2. It is the policy of the DOA generally not to allow overtime status to individuals working under this program; however, it shall be at the employing unit's discretion as to whether the employee's restrictions permit overtime work.
- 3. Implementation of this policy is the responsibility of the DOA; however, it will require cooperation among section heads, Office of Personnel Services staff, legal staff, the employee and his/her physician.
- 4. DOA receives an annual premium assessment for Worker's Compensation costs. This premium is based on both employee exposure and claims experience and is allocated to sections. Thus there is an incentive for sections to reduce Worker's Compensation lost-time payment costs.



**PHYSICIAN'S CERTIFICATION:**

1. Employee's Name: \_\_\_\_\_

2. Please indicate whether the employee can perform each of the essential functions of his/her position as listed on Page 1 of this package. If applicable, please state the probable duration of the condition which prevents the employee from performing one or more of the essential duties of his/her position as listed on the List of Essential Duties, OF-750.

\_\_\_\_\_  
\_\_\_\_\_

3. If the employee is unable to perform one or more of the essential duties listed on the List of Essential Duties, OF-750 is the employee ABLE to perform work of any kind, such as "light duty"? Yes \_\_\_\_\_  
No \_\_\_\_\_

4. If applicable, please provide examples of the types of activities the employee can perform without restriction at this time.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If applicable, please provide examples of activities the employee can perform with restrictions at this time and the nature of such restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Will it be necessary for the employee to work only intermittently or to work on a less than full schedule as a result of the condition? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please give the probable duration of this restriction.

\_\_\_\_\_

7. If additional treatments will be required for the condition, please provide an estimate of the probable number of such treatments and the interval between such treatments, (or the actual or estimated dates of treatment if known).

---

---

---

8. If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatments.

---

---

---

9. If a regimen of prescription drugs is required under your supervision, will those drugs prevent the employee from safely performing any of the essential functions of his/her job?

NOTE: Here and elsewhere on this form the information sought relates only to the condition which prevents the employee from performing the essential duties of his/her position.

NOTE: "Incapacity" for purposes of this document, is defined to mean inability to perform the essential duties of his/her position.

---

Original Signature of Physician Date

---

Type of Practice Telephone Number

---

Address

LIST OF ESSENTIAL DUTIES

EMPLOYEE NAME: \_\_\_\_\_

SECTION: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYER REPRESENTATIVE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

ESSENTIAL DUTIES OF JOB TITLE: \_\_\_\_\_

DUTY	IS EMPLOYEE ABLE TO PERFORM THIS DUTY:	YES	NO
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

SIGNATURE OF PHYSICIAN \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE PRINT NAME OF PHYSICIAN \_\_\_\_\_

SPECIALITY \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_