

**The University of Texas at San Antonio
Office of Environmental Health, Safety and Risk Management**

Workers' Compensation and Return to Work Plan

i. REVIEW & SIGNATURE PAGE

This Workers' Compensation and Return to Work Plan has been reviewed for regulatory compliance and best management practices by the undersigned individuals and is hereby adopted for use and compliance by all employees at The University of Texas at San Antonio.

PRINTED NAME	SIGNATURE	TITLE	DATE
J. Brian Moroney		Director, EHSRM	
John DeLaHunt		Risk and Life Safety Manager	

Reviewed: 11/01/2007

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iii. EMERGENCY PROCEDURES & CONTACT INFORMATION

Actions in response to an On-The-Job- Injury

A. Serious Injury

1. Get the injured employee to nearest medical facility as quickly as possible. If necessary, call an ambulance.

B. Minor Injury

1. The employee may contact the physician of his/her choice, or may go to one of several [occupational clinics](#) in the area.
2. The physician must be an approved provider of the [Texas Department of Insurance, Workers' Compensation Division](#).

C. Selection of Physician

1. Injured employees should be aware that not every physician accepts WCI as a method of payment, so it is recommended that employees refer to the [UTSA Preferred Provider List](#) when selecting a physician.
2. An injured employee has the right to choose any physician or medical provider that provides workers compensation services.
3. The employee may not change physicians after their initial treatment unless they receive approval from DWC.

D. Transportation to Medical Facility

1. In a non-emergency situation, the employee will provide their own transportation for the initial doctor's visits and for any follow-up doctor's appointments.

Emergency Contact Personnel include:

UTSA Police Department Dispatch	458-4242 x3
Brian Moroney, Director, EHSRM	458-5250
John DeLaHunt, Risk & Life Safety Manager, EHSRM	458-4420
Thomas Murph, Workers' Compensation Coordinator, EHSRM	458-5304

I. Overview/Purpose

A. Overview of UTSA Workers' Compensation Insurance (WCI)

The University of Texas at San Antonio (UTSA) is funded through a self-insured Workers' Compensation Insurance (WCI) program administered by the University of Texas System in accordance with Chapter 503 of the Texas Labor Code. All costs associated with the program, including benefits to employees and administrative expenses, are paid from these funds. The program is managed by the Workers' Compensation (WCI) Coordinator in the Office of Environmental Health, Safety and Risk Management (EHSRM), located on the 1604 campus in the Business Service Annex, room 1.01.18.

B. Definition of Workers' Compensation Insurance (WCI)

Workers' Compensation Insurance (WCI) is a type of insurance specifically designed to provide medical benefits and, in some cases, financial income payments to employees on the payroll of UTSA who suffer injuries or occupational illness in the course and scope of employment. Workers' Compensation Insurance is not health insurance, nor does it provide compensation for damage to or loss of personal property.

C. Medical Benefits

1. WCI will pay for reasonable medical expenses incurred as a direct result of injuries sustained by an employee while within the course or scope of employment with UTSA. Medical benefits for compensable injuries are payable from the date of injury. An injured employee is specifically entitled to reasonable and necessary healthcare that treats or relieves the effects naturally resulting from the compensable injury; promotes recovery; and/or, enhances the ability of the employee to retain employment.
2. The injured employee has freedom of choice regarding a medical provider from a list of doctors approved by the [Texas Department of Insurance \(TDI\), Workers' Compensation Division \(DWC\)](#).
3. If medical treatment is required for a work-related injury, the employee should immediately choose one treating physician to coordinate the care. Bills for the work-related injury should be sent directly to the [UT System WCI Office](#). Bills for services unrelated to a reported on-the-job injury should be sent to the employee's regular health insurer or should be sent to the employee.
4. If medical treatment is required, it may be necessary to assure the provider the injured worker is covered by the worker's compensation insurance. Please provide the physician with a copy of the [WCI Notification of Injury Form](#).
5. It is not appropriate to guarantee payment for services.

6. If the treating doctor has questions about the types of services he or she may contact the Texas Department of Insurance, Workers' Compensation Division toll free at 1-800-252-7031 or (512) 305-7238
7. Except in an emergency, if the employee receives medical care for a work related injury that is not by or at the direction of the treating doctor, payment of any changes associated with that care may become the responsibility of the employee.
8. If it is necessary for the employee to change treating doctors for treatment of a work-related injury, the employee must complete a DWC-53 form and get written approval from the Texas Department of Insurance, Workers' Compensation Division before making the change. A DWC customer service representative can assist with this process.
9. The UT System WCI Office may, at some point while the employee's claim is pending, exercise its right to have the employee evaluated by a physician chosen by the UT claims adjuster. Such an evaluation will be done to determine if the employee is disabled due to the injury. If asked to see a physician chosen by the UT System WCI Office, the employee will be given notice of the appointment at least ten days in advance.
10. WCI will pay for reasonable medical expenses incurred as a direct result of injuries sustained by an employee while within the course or scope of employment with UTSA. Medical benefits for compensable injuries are payable from the date of injury. An injured employee is specifically entitled to reasonable and necessary healthcare that treats or relieves the effects naturally resulting from the compensable injury; promotes recovery; and/or, enhances the ability of the employee to retain employment.
11. The injured employee has freedom of choice regarding a medical provider from a list of doctors approved by the Texas Department of Insurance (TDI), Workers' Compensation Division (DWC).
12. If medical treatment is required for a work-related injury, the employee should immediately choose one treating physician to coordinate the care. Bills for the work-related injury should be sent directly to the UT System WCI Office. Bills for services unrelated to a reported on-the-job injury should be sent to the employee's regular health insurer or should be sent to the employee.
13. If medical treatment is required, it may be necessary to assure the provider the injured worker is covered by the worker's compensation insurance. Please provide the physician with a copy of the WCI Notification of Injury Form.
14. It is not appropriate to guarantee payment for services.

15. If the treating doctor has questions about the types of services he or she may contact the Texas Department of Insurance, Workers' Compensation Division toll free at 1-800-252-7031 or (512) 305-7238
16. Except in an emergency, if the employee receives medical care for a work related injury that is not by or at the direction of the treating doctor, payment of any changes associated with that care may become the responsibility of the employee.
17. If it is necessary for the employee to change treating doctors for treatment of a work-related injury, the employee must complete a DWC-53 form and get written approval from the Texas Department of Insurance, Workers' Compensation Division before making the change. A DWC customer service representative can assist with this process.
18. The UT System WCI Office may, at some point while the employee's claim is pending, exercise its right to have the employee evaluated by a physician chosen by the UT claims adjuster. Such an evaluation will be done to determine if the employee is disabled due to the injury. If asked to see a physician chosen by the UT System WCI Office, the employee will be given notice of the appointment at least ten days in advance.

D. Income Benefits / Disability

1. WCI provides weekly compensation for an employee losing time from work as a result of a compensable injury within the course and scope of employment. The amount of weekly compensation is established by the Workers' Compensation Act.
2. Income benefits under WCI include, but are not limited to, Temporary Income Benefits (TIBs). The full day of injury is paid by UTSA and an injured employee would become eligible for TIBs on the eighth calendar day of disability, not counting the day of injury. TIBs are payable as a percentage of the employee's average weekly pre-injury wage not to exceed the maximum prescribed by law. An injured employee may choose from the following three options:
3. An employee may choose to use all of their accrued leave for lost time due to disability resulting from a compensable injury.
4. An employee may choose to use only a portion of their accrued leave for lost time due to disability.
5. An employee may choose to use none of their accrued leave in which case the employee will be placed on Leave of Absence without pay. If an employee is unable to return to work on or before the eighth day after the injury, the employee may be entitled to TIBs.

6. The employee will be placed under the Family Medical Leave Act (FMLA) from the first day of absence if the employee and injury are eligible under the law. Call the Office of Human Resources at 458-4250 for more information about FMLA and procedures to follow.
7. For a complete list of Injured Worker's Benefits, refer to Texas Department of Insurance, Workers' Compensation Division or contact the WCI Coordinator, in the EHSRM office at 458-5304.
8. An Employee may not utilize paid leave and receive TIBs concurrently.

D. Death

WCI provides death benefits for legal beneficiaries of an employee who dies as a result of a compensable injury within the course and scope of employment with UTSA. The amount of death benefits is established by the [Workers' Compensation Act](#).

E. Funeral

If death results from injury, within the course and scope of employment with UTSA, UT System will pay for funeral expenses not to \$6000 in accordance with Section 408-186 of the Labor Code.

II. Scope

The WCI Program is designed to assist employees who have sustained work-related injuries/illnesses through the WCI process. WCI is provided for all employees on the UTSA payroll who sustain a compensable injury or acquire a bona fide occupational disease while performing assigned job duties for UTSA.

III. Periodic Review

a. Review period

1. This plan shall be reviewed two years after initial issuance and every three years thereafter.
2. This plan shall be reviewed, as necessary, as part of any after-action report or events review which occurs following workers compensation injuries.
3. This plan shall be reviewed when requested by the Associate Vice President for Administration, the Vice President for Business Affairs, and/or any member of the President's senior staff.

b. Review participation and leadership

1. Departments with operational responsibilities shall participate in the review.
2. UTSA Environmental Health, Safety and Risk Management shall lead the review process
3. Some campus and system agencies and departments shall have the option of participating in the review, though they do not have operational responsibilities under the plan. These agencies include:
 - a. UTSA department of Internal Audit and Risk Management
 - b. UTSA Staff Council
 - c. UT System Office of Risk Management

II. Responsibilities

Actions in response to an On-The-Job- Injury

E. Serious Injury

1. Get the injured employee to nearest medical facility as quickly as possible. If necessary, call an ambulance.

F. Minor Injury

1. The employee may contact the physician of his/her choice, or may go to one of several [occupational clinics](#) in the area.
2. The physician must be an approved provider of the [Texas Department of Insurance, Workers' Compensation Division](#).

G. Selection of Physician

3. Injured employees should be aware that not every physician accepts WCI as a method of payment, so it is recommended that employees refer to the [UTSA Preferred Provider List](#) when selecting a physician.
4. An injured employee has the right to choose the physician from a list of approved providers from the [Texas Department of Insurance, Workers' Compensation Division](#).
5. The employee may not change physicians after their initial treatment unless they receive approval from DWC.

H. Transportation to Medical Facility

In a non-emergency situation, the employee will provide their own transportation for the initial doctor's visits and for any follow-up doctor's appointments.

EMPLOYEE PROCEDURES FOR REPORTING ON-THE-JOB INJURIES

I. Process

1. Notify your supervisor immediately, no matter how minor the injury may seem. If necessary, report unsafe working conditions to your supervisor or to the [EHSRM](#) office. Your failure to report an injury within **30 days** of the incident will result in the denial of a claim.
2. If an employee, obtains medical attention. You must be treated by a physician from the [DWC Approved Doctors List](#) in order for the services to be covered by WCI. The Approved Doctors List can be found at <http://www.DWC.state.tx.us/>, or by contacting the [WCI Coordinator](#), in the [EHSRM](#) office at 458-5304. A list of local approved physicians may also

be found at http://www.utsa.edu/safety/A_WCI/Wcomp.htm. Your department will provide you with a [Notification of an On-The-Job Injury](#) form to give to your medical provider.

3. If you miss work due to an on-the-job injury, you must keep UTSA informed of your work status by providing a [DWC Work Status Report \(DWC 73\)](#) to the [WCI Coordinator](#) after each doctor visit. The treating doctor's office must provide the report to you. A DWC 73 form is required after the initial examination and if you experience a change in work status or a substantial change in activity restrictions, or as requested by UTSA not to exceed one report every two weeks.
4. You must also complete the [WCI Request for Paid Leave \(WCI-23\)](#) form to select the type of leave you wish to use. The form will be provided to you by your department. If you need assistance in filling out this form please contact the [WCI Coordinator](#), in the [EHSRM](#) office at 458-5304.
5. When your treating doctor releases you to return to work, you must report to work at the beginning of your next regularly scheduled shift. The DWC 73 report from your doctor indicating a return to work date or any work-related limitations must be given to the [WCI Coordinator](#) before you return. If you are released to return to work with restrictions, you must work with your supervisor to comply with any restrictions the physician has indicated on a work status report.
6. You must continue communicating with your supervisor throughout any period of disability unless physically unable to do so.
7. For more information, contact the [WCI Coordinator](#), in the [EHSRM](#) office at 458-5304.

DEPARTMENT PROCEDURES FOR REPORTING ON-THE-JOB INJURIES

A. Process

1. If the injury or exposure is an emergency, arrange for appropriate medical treatment.
2. Go to the nearest telephone and call the [University Police](#) (ext. 4242). Please give the exact location and the nature of the illness or injury if known. Direct line emergency telephones located in the elevators and in the parking lots may be used for this purpose.
3. Return to the scene until help arrives.
4. Do not try to move the person unless further danger exists.
5. The police officer at the scene will determine if EMS is to be called.
6. If the injury is not an emergency, complete the [Notification of an On-the-Job Injury](#) form for the employee to give to the treating physician. The employee must be treated by a physician from the [DWC Approved Doctors List](#) in order for the services to be covered by WCI. The Approved Doctors List can be found at <http://www.DWC.state.tx.us/>, or by contacting the [WCI Coordinator](#), in the [EHSRM](#) office at 458-5304. A list of local approved physicians may also be found at http://www.utsa.edu/safety/A_WCI/Wcomp.htm.
7. All work-related injuries or illnesses must be reported. Complete the [Employer's First Report of Injury or Illness](#). Send the completed form to the [EHSRM](#) office within 24 hours of the injury. A copy may be faxed to 458-5813 and the original sent via campus mail. This form is required whether or not there is lost time from work.
8. If the injury/illness involves more than one day of lost time from work, the [WCI Request for Paid Leave \(WCI-23\)](#) form must be completed by the employee and the department representative. This form is necessary for each period of time the employee has lost time (**more than a day/shift**) due to the injury. Finally, the employee must be given notice that he or she will be placed under [FMLA](#) from the first day of absence if the employee and injury are eligible under the law. Call the [Office of Human Resources](#) at 458-4250 for more information about [FMLA](#) and procedures to follow.
9. When the employee is medically released by the treating physician and he/she physically returns to work, the [Supplemental Report of Injury](#) form must be completed within 24 hours of the return to work date. Please coordinate with the WCI Coordinator, in the EHSRM office at 458-5304 to ensure this is accomplished.
10. Forward all doctor's bills and/or notes to the EHSRM office immediately upon receipt. A copy may be faxed to 458-5813 and the original sent via campus mail.
11. An employee who is injured on the job is not required to "formally" report the injury if his or her supervisor (or anyone with supervisory responsibilities) has actual knowledge that the injury was sustained in the course and scope of employment. The supervisor is responsible for ensuring the injury or exposure is reported.

12. Maintain a detailed record of the work-related injury, even if the employee did not lose time from work as a result of the injury. Document all related information, such as witness accounts, possible fraudulent behavior, and/or any concerns regarding the incident.
13. Employers who fail to file the [Employer's First Report of Injury or Illness](#) in a timely manner without good cause may be assessed fines. State regulatory fines range from \$500 to \$10,000 per violation.
14. Any unsafe condition which may have caused the injury should be corrected. If assistance is necessary to accomplish the correction, call the [EHSRM](#) office at 458-5250.
15. If you have any questions, contact the [WCI Coordinator](#) in the [EHSRM](#) office at 458-5304.

V. Lost-Time-Injuries

Process for loss time injuries:

1. Regular employees who are placed on lost time injury status may opt to use all or part of their sick leave and/or vacation leave and compensatory time before going on WCI benefits. A [WCI Request for Paid Leave \(WCI-23\)](#) will be completed in such instances.
2. [Family Medical Leave \(FMLA\)](#) will run concurrently with the use of paid leave and Workers' Compensation leave of absence when the injury is one that meets the criteria for a serious health condition and eligibility
3. An employee receiving WCI payments, or if the employee has exhausted all paid leave shall be placed in a leave of absence status.
4. Under no circumstances will an employee be permitted to draw WCI weekly benefits while in a paid leave status from the University.
5. Upon recuperation of the insured employee a doctor's statement [DWC form 73](#) must be presented to the employee's immediate supervisor before the individual will be allowed to return to work. The statement should include dates of incapacitation, date released to return to work, limitations, and reason for confinement. A copy of the doctor's statement must also be forwarded to the [EHSRM](#) Office
6. When the injured employee is returning to an active status the employing department shall immediately contact [EHSRM](#) and the [Office of Human Resources](#).
7. The Office of [EHSRM](#) shall be notified immediately the day an injured employee returns to work in order to discontinue the weekly Workers' Compensation checks.

VI. No Lost Time Injuries

1. Process for a no lost time injury

When an employee is able to return to work on or before the next regularly scheduled workday after the on-the-job injury was sustained, it will be considered a no-lost-time injury and the employee will not lose any time or pay as the result of the injury. No charge will be made to the employee's vacation or sick leave for the time lost as a result of the no-lost-time injury. However, for follow-up doctor's appointments the employee is required to use sick leave, vacation or compensatory time. This also applies to an employee who has returned to work after a lost time injury/illness and follow-up doctor's visits are necessary.

VII. Payment of WCI Benefits

WCI income benefits will be paid weekly, and the U.T. System Business Administration Services will issue the income benefits check. The check will be mailed to the home address. Employees must notify the Office of EHSRM and the insurance carrier when addresses change during a WCI leave of absence.

Each check is issued with a pay period beginning and ending date. Checks cannot be released prior to the date and times listed above. Employees will be notified by mail regarding Holiday schedules. There are no exceptions to this policy.

VIII. Exceptions

An injury is not covered if:

1. Occurred while the employee was not performing services in the course and scope of employment;
2. Occurred while the employee was performing illegal activities;
3. Occurred while the employee was intoxicated or under the influence of illegal substances;
4. Was caused by the employee's willful intention and attempt to injure himself or another person;
5. Was caused by the employee's horseplay;
6. Arose out of an act of a third person intended to injure the employee because of personal reasons;
7. Arose out of voluntary participation in an off-duty recreational, social, or athletic activity not constituting part of the employee's work-related duties; or
8. Arose out of an act of God unless the employment exposes the employee to a greater risk than ordinarily applies to the general public.

9. Failure to report a work-related injury or illness within 30 days of the incident or when it was known to be work-related will result in the denial of a claim.

IX. Nondiscrimination Against Claimants

The University shall not discharge or in any other manner discriminate against any employee because the employee has filed a claim, instituted, or caused to be instituted, any proceeding under the Texas Workers' Compensation Act; or has testified or is about to testify in any such proceeding.

An employee discharged in violation of this policy shall be entitled to be reinstated to his former position, upon appropriate adjudication.

Nothing contained in this policy shall prevent discipline or discharge of any employee for just cause, in accordance with established discipline and discharge policy. Discipline and discharge actions must be pursuant to established policy and may be due to repeated violation of established safety regulations.

This policy does not prohibit discipline and discharge for reasons other than retaliation.

The University shall cooperate with the Texas Department of Insurance, Workers' Compensation Division in seeking to provide rehabilitation to disabled employees.

X. Fraudulent Actions

A. Policy

Filing a workers' compensation claim, for an injury that did not occur while performing work on behalf of UTSA, is a serious offense. It is an administrative violation, punishable by a penalty up to \$5000 by the state regulatory authority, to knowingly or intentionally do one of the following in an attempt to obtain workers' compensation benefits:

1. Make a false or misleading statement;
2. Misrepresent or conceal a material fact;
3. Fabricate, alter, conceal, or destroy a document;
4. Conspire to commit one of the above acts.

In addition to being an administrative violation, intentional commission of any of the above acts in an attempt to obtain workers' compensation benefits may also result in criminal charges (Class A Misdemeanor to Second Degree Felony).

XI. Return to Work Policy

A. Overview

It is the policy of The University of Texas at San Antonio, when possible, to utilize this Return to Work (RTW) Program. The RTW Program is a coordinated effort to modify work assignments for a limited period to assist employees who are temporarily restricted from performing their regularly assigned duties due to a work-related injury. The purpose of the program is to establish procedural guidelines so that the University can facilitate the rehabilitation of employees and allow timely return to work, minimizing the loss of employee productivity by placing the employee in a temporary assignment. The RTW program is designed to reduce lost workdays, increase employee morale, and reduce WCI costs.

B. Scope

This program applies to all UTSA employees.

The EHSRM office is responsible for administering the RTW Program, as it relates to work-related injuries, in conjunction with the employee's department. Questions regarding the RTW Program should be directed to the WCI Coordinator in the EHSRM office at 458-5304. Specific questions regarding employee FMLA status or benefits eligibility affected by participation in this RTW program should be directed to the Office of Human Resources at 458-4250.

C. Review

This program shall be reviewed at least every five years by the Directors EHSRM and Human Resources or whenever there are significant changes in Texas Workers' Compensation Law. A separate cover sheet, signed by the above named individuals and noting the revision date, and any significant changes, is to be attached to the front portion of this procedure manual.

D. Definitions

A Return to Work (RTW) (Modified Duty) position is a temporary position to which an employee is assigned when they are unable to return to their regular position following a work-related injury or illness. The RTW position temporarily addresses the restrictions placed on an employee by their treating physician.

A work-related injury is an injury or illness (occupational disease) which arises out of the course and scope of employment and is a compensable injury or illness, as defined under the Texas Workers' Compensation Act.

A Physician in this program means a doctor of medicine, osteopathic medicine, optometry, dentistry, podiatry, or chiropractic who is licensed and authorized to practice as defined in the Texas Workers' Compensation Rules (Texas Labor Code, Title 5, Subtitle A).

E. Eligibility

To be eligible for participation in the RTW Program, an employee must provide a written statement (DWC 73) from their treating physician that they are:

1. Temporarily unable to perform their essential duties following a work-related injury or illness.
2. Capable of carrying out work of a lighter or modified nature from their regular duties and is expected to return to their regular duties within 90 calendar days.

F. Process

The RTW program is initiated by a DWC 73 form. The EHSRM office has established specific procedures based on the DWC 73 to guide supervisors and employees regarding the RTW program as detailed below.

1. Once notified of a work-related injury or illness, the department must complete a [Employers' First Report of Injury or Illness](#) for WCI and inform the employee in writing of the Return to Work Program.
2. The employee must be seen and evaluated by a physician from the [Workers' Compensation Division \(DWC\) Approved Doctors List](#) in order for the services to be covered by WCI. The treating physician will determine if the employee is able to return to work, and if so, with or without restrictions.

NOTE: The WCI Coordinator will inform the physician of the RTW program, and provide him/her with a copy of the Employer's Physical Requirements Analysis that identifies the essential functions of the job and its requirements

3. If the employee is able to return to work with restrictions, the employee's treating physician must complete the [DWC 73 Work Status Report](#), indicating the specific restrictions, and the duration of those restrictions. Clarification regarding temporary restrictions may be requested of the treating physician by the [WCI Coordinator](#).
4. Taking into consideration the information provided by the physician, the employee's department, in consultation with the [WCI Coordinator](#) in the [EHSRM](#) office, will determine if a temporary Modified Duty assignment can be offered. If the employee's regular department is unable to meet the employee's need for Modified Duty the [WCI Coordinator](#) will determine if another department in the University is able to do so
5. It should be understood that there may be instances in which the University will not be able to offer a Modified Duty assignment and the injured employee will remain on WCI leave of absence until the next medical examination when the restrictions will be re-evaluated.

G. Offer of Modified Duty Position

Once the employee has been approved to participate in the RTW Program, the department, in conjunction with the WCI Coordinator, must provide a RTW (Bona Fide Offer of Employment) job offer letter. This letter shall include:

1. The position offered
2. The location and duties of the position offered.
3. The wages and schedule of the position offered.
4. The duration of the temporary work assignment.
5. A statement that the department will only assign a position/duties consistent with the employee's knowledge and skills, and will provide training if necessary.
6. A statement acknowledging that the employer is knowledgeable about and will abide by the limitations under which the treating physician has authorized the return to work.
7. Eligibility of the Family and [Medical Leave Act \(FMLA\)](#), should apply.

The department must contact the WCI Coordinator in the EHSRM office at 458-5304 to produce the Bona Fide Offer of Employment.

H. Refusal of Modified Duty Offer

An employee may choose to accept or refuse the RTW (Bona Fide Offer of Employment) job offer. The employee is allowed 7 days to accept the Bona Fide Offer of Employment. If the employee has not responded by the seventh day, the employee will be considered to have declined the offer. Rejection of the job offer may result in cancellation of income benefits under WCI. If the employee rejects the Bona Fide Offer of Employment, the WCI Coordinator will contact Human Resources at 458-4250 to verify their rights under FMLA.

I. Duration of Modified Duty

A Return to Work with Modified Duty offer will be extended for an initial period not to exceed 90 calendar days. The duration of approved time will be based upon the information provided by the treating physician. If the employee is unable to return to work at full duty after the initial approved time, the employee may request a continuation of Modified Duty not to exceed a total of 180 calendar days in a Modified Duty capacity.

An employee requesting an extension of Modified Duty, beyond the original approved amount of time in the Bona Fide Offer of Employment letter, must submit documentation to the WCI Coordinator from their treating physician. This documentation should include what limitations continue to exist and the probable duration of those limitations.

For temporary employees the Modified Duty period ends at the conclusion of the temporary job assignment.

J. Supervision During Modified Duty Assignment

Employees who are temporarily employed in a department other than their regular department will be assigned a "temporary" supervisor. The temporary supervisor will be a member of the staff in the department in which the employee is working modified duty. All

University rules, regulations and policies, and departmental policies will be adhered to by the employee as they would be adhered to in regular employment. The activities of the employee will be the responsibility of the temporary supervisor. Those activities include but are not limited to absenteeism, (sick and/or vacation leave), reporting to work in a timely manner, work performance, employee morale, relationships with co-workers, and any other activity covered under policies, rules, and regulations.

The regular department supervisor and the temporary supervisor must maintain open communications concerning the employee's work status.

K. Compensation / Benefits

There will not be an adjustment in the hourly compensation of the employee that is placed in a Modified Duty position. The salary and benefits of the employee will remain the responsibility of the original employing department, including during any period of temporary placement external to the department.

In the event that the employee is unable to earn pre-injury wages, the employee should contact [Human Resources](#) at 458-4250 to discuss affected benefits