



The University of Texas at San Antonio  
Return to Work (RTW) Program and Procedures  
Office of Environmental Health Safety and Risk Management

TABLE OF CONTENTS:

<u>Section</u>	<u>Section Title</u>	<u>Page</u>
I	<a href="#"><u>OVERVIEW</u></a>	1
II	<a href="#"><u>SCOPE</u></a>	2
III	<a href="#"><u>REVIEW</u></a>	2
IV	<a href="#"><u>DEFINITIONS</u></a>	2
V	<a href="#"><u>ELIGIBILITY</u></a>	2
VI	<a href="#"><u>PROCESS</u></a>	2
VII	<a href="#"><u>OFFER OF MODIFIED DUTY POSITION</u></a>	3
VIII	<a href="#"><u>REFUSAL OF MODIFIED DUTY OFFER</u></a>	4
IX	<a href="#"><u>DURATION OF MODIFIED DUTY</u></a>	4
X	<a href="#"><u>SUPERVISION DURING MODIFIED DUTY ASSIGNMENT</u></a>	4
XI	<a href="#"><u>END OF MODIFIED DUTY</u></a>	4
XII	<a href="#"><u>COMPENSATION / BENEFITS</u></a>	5
	<a href="#"><u>SIGNATURE PAGE</u></a>	6

**I OVERVIEW**

It is the policy of The University of Texas at San Antonio (University), 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 Workers' Compensation Insurance costs.

## II SCOPE

This program applies to all University of Texas at San Antonio employees.

The Environmental Health, Safety and Risk Management 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 Workers' Compensation Insurance (WCI) Coordinator in the Environmental Health, Safety and Risk Management office at 458-5304. Specific questions regarding employee FMLA status or benefits eligibility affected by participation in this RTW program should be directed to Human Resources at 458-4250.

## III REVIEW

This program shall be reviewed at least every five years by the Directors of Environmental Health, Safety and Risk Management 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.

## IV 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.

**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).

## V 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:

- Temporarily unable to perform their essential duties following a work-related injury or illness.

**And**

- 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.

## VI PROCESS

The RTW program is initiated by a Texas Department of Insurance (TDI) DWC 73 form. The Environmental Health, Safety and Risk Management office has established specific procedures based on the DWC 73 form 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 First Report of Injury (DWC 1) for Workers' Compensation Insurance (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 TDI's 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 Environmental Health, Safety and Risk Management 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.

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.

## **VII 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 it apply.

The department must contact the WCI Coordinator in the Environmental Health, Safety and Risk Management office at 458-5304 to produce the Bona Fide Offer of Employment.

### **VIII 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.

### **IX 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.

### **X 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.

### **XI END OF MODIFIED DUTY**

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

At the conclusion on the Modified duty assignment (180 calendar days), if the employee is unable to return to his or her regular job duties and position as recommended by the treating physician, then the RTW coordinator will arrange a meeting with the employee and other individuals on the return to work team to discuss employment options, and/or continued benefits under WCI.



Any restrictions that may be permanent and that limit the employee's ability to perform the essential functions of the job, with or without reasonable accommodations, need to be discussed with the University's Americans with Disabilities Act Coordinator in Human Resources at 458-4250.

## **XII 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.



# The University of Texas at San Antonio

## Return to Work Program and Procedures

### Office of Environmental Health Safety and Risk Management

March 1, 2006

This original version of this procedure manual 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 all University of Texas at San Antonio owned or operated facilities.

<u>PRINTED NAME</u>	<u>SIGNATURE</u>	<u>TITLE</u>	<u>DATE</u>
J. Brian Moroney	<u>Signature on file</u>	Director of EHS&RM	___3/2/2006___
Dan M. Chilcutt	<u>Signature on file</u>	Risk Manager	___3/2/2006___
Beth Taylor	<u>Signature on file</u>	Occupational Safety Specialist	___3/2/2006___