UNIVERSITY OF LOUISIANA AT LAFAYETTE’S
EARLY RETURN TO WORK POLICY

EFFECTIVE DATE:
JULY 1, 2000

I. PHILOSOPHY

The health and well being of all employees is of great importance to the University of Louisiana at Lafayette (UL - Lafayette). 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. UL - Lafayette will make reasonable efforts 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, UL - Lafayette will make reasonable efforts to return to the workplace those employees of UL - Lafayette 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, UL - Lafayette will make reasonable efforts to place the returning employee into a meaningful assignment, which he/she can perform while on light or limited duty on a temporary basis.

UL - Lafayette 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 Human Resource Director of UL - Lafayette.

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 department head should contact the Human Resource Office for guidance.

First priority for any placement offered will be within the employee’s department; second
priority will be for placement in another department within UL – Lafayette’s campus.

III. APPLICABILITY

This policy applies to all employees of UL - Lafayette and to all departments of UL –
Lafayette (student workers, faculty, staff, civil service employees).

IV. RESPONSIBILITY

A. UL - Lafayette 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 department unless and until appropriate transfers have been
approved by the Human Resources Director and finalized.

C. Human Resources 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 Human Resources Director, injured
   employee and Office of Risk Management (ORM);

5. Maintains injury records and history; and provides copies to the UL -
   Lafayette Safety Coordinator;

6. Acts as liaison for all interested parties;
7. Works with the supervisor to identify specific job tasks and suggests appropriate schedule/job modifications;

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

Due to the scope of the various positions at UL – Lafayette, each job description will be done on a case to case basis. That is, if someone becomes injured and is unable to return to work at full capacity, a job description will be done at that time.

D. Office of Risk Management

The Office of Risk Management 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. Department Head Responsibility

1. Initiates immediate medical attention for injured employee when necessary;*

2. Reports the injury to and completes all paperwork required by the Human Resources Office as soon as possible;*
   
   a. Incident Investigation/Accident Investigation Report,
   b. Employer’s Report of Occupational Injury or Disease, and
   c. Medical Release.

3. Informs employee of UL - Lafayette and department policies and practices;

4. Maintains contact with the injured worker and the Human Resources Office;

5. 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 department head of any department 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.
6. Provides to the Human Resources Office an updated Physician’s Certificate and List of Essential Duties upon receipt from the employee;

7. When appropriate, identifies or develops modified work assignment for employee, within medical restrictions.

8. After approval by the Human Resources Director 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.

9. 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 UL - Lafayette and department 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 department head), to his/her physician for completion. Returns the completed documents in the time period specified or presents to the department 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 Human Resources Director.

IV. QUESTIONS

Questions should be directed to the Human Resources Office.
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 department head will initiate an investigation into the employee’s ability to perform the essential duties of his/her position. The department head will:

   a. Complete the List of Essential Duties, OF-750, relative to the employee’s position;

   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 department 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 department head (with assistance from the Human Resources Office) 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 CONSIDERTION OF ACCOMMODATION

1. If the department 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 Human Resources Office, 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 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 exceed 6 months.

2. If A, B, or C becomes an alternative, the department 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;
   
   b. Whether the employee’s condition is temporary or permanent, and if temporary, for what duration it is expected to continue;
   
   c. The extent to which regular job duties or hours may be temporarily altered to permit the employee to return;
   
   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 department head decides that a position with modified duties and/or modified schedule could be offered, he/she must notify the Human Resources Director and the Human Resources Office of the nature of the modification. The Human Resources Office will address human resource concerns such as classification issues and will provide the Human Resources Director with a recommendation as to whether or not the modification complies with Civil Service Rules and guidelines.

   The Human Resources Director makes the final determination to offer or not offer a modified position/schedule to the employee.

C. SECONDARY CONSIDERATION OF ACCOMMODATION BY HUMAN RESOURCES DIRECTOR

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

   Where the Human Resources Director decides that the employing department 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 department heads recommendation), the Human Resources Director may delegate a representative to seek a position within the whole of UL - Lafayette which the employee can perform while subject to work restrictions. The delegated representative shall report directly to the Human Resources Director and will receive support and assistance from the following:

a. The injured employee,

b. Staff from the Human Resources Office,

c. Department heads, and

d. the UL - Lafayette Safety Coordinator

2. The delegated representative will review the information gathered by the department head regarding the employee’s ability to perform various tasks. The delegated representative will evaluate positions within UL - Lafayette, 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 department 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; and

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 department head of the department where the position is located.

a. In the event that the department 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 Human Resources Director.
b. In the event that the department 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 Human Resources Director indicating the selected position, the acceptance of the department head, and the intent to make the offer to the employee.

c. The delegated representative will work with the Human Resources Office to assure that all technical details regarding the temporary appointment are in order.

d. Upon approval by the Human Resources Director, the Human Resources Office, the department head offering the position, and the current supervisor will arrange a meeting with the employee to make the offer and answer questions.

D. FINAL CONSIDERATIONS

1. In the event an employee refused 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 UL - Lafayette generally not to allow overtime status to individuals working under this program; however, it shall be at the employing department’s discretion as to whether the employee’s restrictions permit overtime work.

3. Implementation of this policy is the responsibility of the UL - Lafayette; however, it will require cooperation among department heads, Human Resources Office staff, legal staff, the employee and his/her physician.

4. UL - Lafayette 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 departments. Thus there is an incentive for departments to reduce Worker’s Compensation lost-time payment costs.
PHYSICIAN’S CERTIFICATION:

OF – 752

1. Employee’s Name: ___________________________ _________________________

2. Please indicate whether the employee can perform each of the essential functions of his/her position as listed on Form OF-750. 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

Full Address
LIST OF ESSENTIAL DUTIES
OF-750

EMPLOYEE NAME: ____________________________________________

SOCIAL SECURITY NUMBER: __________________________

DEPARTMENT: _________________________________

DATE: __________________________

EMPLOYER REPRESENTATIVE: ____________________________

PHONE NUMBER: _________________________________

ESSENTIAL DUTIES OF THE JOB TITLE OF: ________________________

IS EMPLOYEE ABLE TO PERFORM
THIS DUTY: YES  NO
1. __________________________________________________________
2. __________________________________________________________
3. __________________________________________________________
4. __________________________________________________________
5. __________________________________________________________
6. __________________________________________________________
7. __________________________________________________________
8. __________________________________________________________
9. __________________________________________________________
SIGNATURE OF PHYSICIAN: ________________________________

PLEASE PRINT
NAME OF PHYSICIAN SPECIALITY: ________________________________

TELEPHONE NUMBER: ________________________________

DATE: ________________________________