

## The Return to Work Program

**PLEASE BE SURE TO CONTACT YOUR BIAW CLAIM REPRESENTATIVE WITH ANY QUESTIONS OR CONCERNS. OUR PHONE NUMBER IS 1-800-228-4229.**

You should have a **RETURN TO WORK PROGRAM** in place so that while you are paying your 30 working days of KOS, you can already be working on a return to light/modified duty. This will help to shorten the period of time you are paying the worker while they are not at work.

By far, the most costly component of workers' compensation claims are the time-loss benefits paid to those who are not working. Along with the cost of time-loss payments, employers of workers that are out on time-loss must bear many other costs that are not so obvious. Among these are a loss of production, replacement costs, overtime, etc. Total costs in the tens of thousands of dollars are not uncommon.

The most effective and least expensive way to reduce workers' compensation claims costs is the implementation of a **RETURN TO WORK PROGRAM**. A return to work program requires that employers work closely with the injured worker, the doctor, and Labor & Industries to design and approve a job description that will allow the worker to return to work as soon as possible. L&I will pay Loss of Earning Power benefits to workers who return to modified jobs at reduced hours and/or rate of pay.

The BIAW claims staff is trained to assist you in developing such a program for your company, and implementing the program when a time-loss injury occurs. This packet is designed to provide the basic components of a return to work program, and includes sample forms and job descriptions, as well as an explanation of how and when they are to be used.

If you have any questions regarding the **RETURN TO WORK PROGRAM** please be sure to contact your BIAW claim representative at 800-228-4229.

## Light Duty Job Offers Must be Made in Writing!

## MODIFIED DUTY JOB OFFER

<b>INJURED WORKER'S NAME:</b>		<b>L&amp;I CLAIM NUMBER:</b>	
<b>SUBMITTED BY:</b>		<b>DATE:</b>	
<b>COMPANY NAME:</b>		<b>PHONE:</b>	
<b>COMPANY ADDRESS:</b>		<b>FAX:</b>	
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>	

Dear Health Care Provider:

Our company would like to offer transitional modified duty work to \_\_\_\_\_ as (he/she) is recovering from their work related injury or illness. Please review the list of proposed work activities that we have available as well as the work restrictions section below and check those activities and restrictions that you believe are within \_\_\_\_\_ current abilities and that you feel (he/she) can safely perform. When you have completed your review please return a signed copy of this Modified Duty Job Offer document to us. We will use this document to communicate our light duty job offer to this worker.

### ESSENTIAL JOB FUNCTIONS:

#### Office Work:

- Answer phones
- Take messages
- Greet customers
- Key data
- File correspondence
- Arrange files
- Order supplies
- Fold and stuff mailings
- Open and sort incoming mail
- Make deposits
- Put away incoming office supply orders
- Shred documents
- Radio Dispatch service techs
- Demonstrate products
- Telemarketing/phone sales
- Plan and schedule company meetings
- Take inventory

#### Warehouse Activities:

- Receive and check incoming orders (inventory control)
- Put incoming orders away (manual)
- Put incoming orders away (operating forklift and or other material handling equipment)
- Palletizing outgoing orders (manual)
- Palletizing outgoing orders (operating forklift and or other material handling equipment)
- Receiving tools and equipment
- Putting away tools and equipment
- Dispensing tools and equipment
- Scheduling equipment and tool maintenance and repair (inventory control)
- Equipment and tool maintenance and repair (mechanic)
- Labeling electrical cords
- Wash vehicles and equipment

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**Building and Yard Maintenance:**

- Sweep floors
- Vacuum floors
- Wash floors
- Cleaning grills (wiping them down)
- Dust fixtures and furniture
- Wash windows
- Mow lawn
- Weed flower beds and walkways
- Pick up litter
- Prune or trim shrubs and trees
- Dead head flowers and shrubs
- Planting shrubs, trees or flowers
- Water flowers, plants, shrubs and lawn
- Spray for weed or bug control
- Spreading bark, mulch or other landscaping material
- Indoor plant care
- Checking hoses and faucets for leaks and repairs
- Maintaining and repairing underground sprinkler system
- Clean parking lot

**Building Repair:**

- Fix or replace broken fixtures
- Touch up painting
- Caulk windows and doors
- Replace or repair screens
- Repair and replace signs
- Maintain and clean break rooms and restrooms

**Safety:**

- Review and update safety manuals
- Do online safety classes
- Watch safety videos
- Performing site safety audits
- Checking and updating personnel training files
- Performing written Power Industrial Truck assessments of operators
- Update Toolbox topics and MSDS notebook
- Monitor confined space entry
- Monitor set up and use of fall protection equipment on-site
- Monitor delivery of equipment, materials and supplies on-site
- Monitor construction site housekeeping
- Monitoring vehicle and pedestrian traffic on-site
- Installing temporary signs and barrier tape on-site
- Testing and cleaning respirators
- Monitor on site safety

**Modified Duty Job Offer:**  
**Injured Worker's Name:**  
**L&I Claim Number:**  
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**Driving:**

- Run errands
- HOV passenger – ride along to and from office, supply stores and jobsites
- Pilot car driver
- Pick up materials and supplies (no manual loading)
- Make deposits
- Deliver materials and supplies (no manual unloading)
- Drop off/pickup plans and estimates

**WORK RESTRICTIONS**

FOR EACH ACTIVITY LISTED BELOW PLACE A CHECK MARK (✓) IN THE COLUMN THAT BEST REPRESENTS THE TIME THE WORKER SPENDS DOING THE ACTIVITY.  
TIME IS BASED ON AN EIGHT HOUR WORKDAY. "OCCASIONALLY" = 1-33% "FREQUENTLY" = 34-66% "CONTINUOUSLY" = 67-100%

PHYSICAL DEMANDS	never	occas.	freq.	contin.	Physician Comments
Bend					
Squat					
Crawl					
Reach above shoulders					
Kneel					
Stoop					
Climb stairs/steps					
Climb ladders/step stool					
Walk on uneven ground					
Other (specify): Sit					

LIFTING\CARRYING	never	occas.	freq.	contin.	Physician Comments
0-5 lbs					
6-10 lbs					
11-20 lbs					
21-25 lbs					
26-50 lbs					
51-100 lbs					
Repeated push/pull					
Repeated simple grasp					
Repeated fine manipulation					
Other (specify):					

ENVIRONMENTAL AND EQUIPMENT EXPOSURES	never	occas.	freq.	contin.	Physician Comments
Unprotected heights					
Being around moving machinery					
Exposure to changes in temperature and humidity					
Driving automotive equip.					
Exposure to dust, fumes & gases					

**Physician's Return to Work Authorization**  
*(Physician's Use Only)*

I have reviewed the Job Description provided by company name. Based on my evaluation the worker can :

**Modified Duty Job Offer:**  
**Injured Worker's Name:**  
**L&I Claim Number:**  
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\_\_\_\_\_ perform the job duties full time.

\_\_\_\_\_ perform the job duties on a part-time basis for \_\_\_\_\_ hours per day \_\_\_\_\_ days per week.

Are there any additional job modifications that are necessary for the worker to be released to modified or light duty work? If so please describe them in the space provided below or on a separate attachment.

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**Note:** If the worker cannot be released to perform any of the work activities listed in the Essential Job Functions section of this document or some other form of modified or light duty work please check here \_\_\_\_\_ and explain why and relate the reason(s) to your objective medical findings.

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\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date**

**Print or Type Physician's Name and Address Below:**

**LD001**

## Physician's Letter

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

To:

Claimant/Patient Name: \_\_\_\_\_

Date of Injury: \_\_\_\_/\_\_\_\_/\_\_\_\_

Claim Number: \_\_\_\_\_

Dear Dr. \_\_\_\_\_:

The above referenced patient is an employee of \_\_\_\_\_. We have a light duty/modi-  
fied work job which is immediately available to him/her. Please review the attached job description and indi-  
cate the patient's ability to return to work on the Doctor's Response.

This position was developed for transitional modified duty and will be available to the patient until the next ap-  
pointment. At the next appointment, please re-assess the patient's physical capabilities and determine if he/she  
should remain at this position or is capable of increased duties. When the patient is released to return to regular  
duties please notify our office, in writing. You can fax all correspondence to ( ) \_\_\_\_\_.

If the patient cannot perform the duties described, please indicate what additional modifications would be neces-  
sary to perform this job. If the patient is not released to any form of work, please provide the objective medical  
findings which support that decision, and reconsider the job description at the next appointment.

Thank you for your timely response as the position is available immediately.

Sincerely,

### Attachments

cc: Building Industry Association of Washington  
Department of Labor and Industries

## Light Duty/Modified Job Work Description

Date: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_

Claim #: \_\_\_\_\_

Light Duty/Modified Work Job Title: \_\_\_\_\_

**Description of Essential Functions:**

**Machinery, Tools, Equipment:**

**Physical demands**

- Not Applicable
- Seldom (1-10% of the time)
- Occasional (10-30% of the time)
- Frequent (30-70% of the time)
- Constant (over 70% of the time)
- \* Denotes estimates

Physical Demands	Frequency	Comments	✓ Denotes Physician's Approval	Physician's Comments
Sitting				
Standing				
Walking				
Driving				
Lifting lbs. <u>10</u>				
Carrying lbs. <u>10</u>				
Pushing/Pulling				
Climbing Stairs				
Climbing Ladders				
Bending at Waist				
Twisting at Waist				
Kneeling/Squatting				
Crawling				
Reach above shoulder				
Repetitive arm/hand movement				

## Doctor's Response

**Claimant's Name:** \_\_\_\_\_

**Claim #:** \_\_\_\_\_

- The injured worker is medically and physically able to perform the activities described in the light duty/modified work job analysis. He/she can return to work on \_\_\_\_/\_\_\_\_/\_\_\_\_.
- The injured worker is medically and physically able to perform the physical activities described in the light duty/modified work job analysis on a part-time basis for \_\_\_\_\_ hours per day \_\_\_\_\_ days per week. The worker can be expected to progress to regular duties in \_\_\_\_\_ weeks/months (circle one).
- The injured worker can perform the described job but only with modifications as follows:

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

The injured worker is not released to any type of work based on the following limitations (provide object medical findings to support the limitations):

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

Comments:

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

\_\_\_\_\_  
**Attending Physician Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone number**

## Job Offer Letter Instructions (Transitional and Permanent)

**PLEASE BE SURE TO CONTACT YOUR BIAW CLAIM REPRESENTATIVE WITH ANY QUESTIONS OR CONCERNS. OUR PHONE NUMBER IS 1-800-228-4229.**

### Instructions for Light/Modified Job Offer

You must receive a signed, approved modified duty job description from the attending physician, prior to offering the light/modified job to the injured worker. **The Department of Labor and Industries does not consider a verbal offer to be valid when considering termination of time-loss benefits. *It is required that the job offer be made in writing.***

The following information must be provided when offering the light/modified job to the injured worker:

- Title of the light/modified job. Attach a copy of the paperwork you sent to the doctor and the doctor's reply.
- Wages
- Hours/Days — Note the start time and end time of shift; which days per week
- Start Date — Allow seven (7) days from the date of the letter to start the light/modified job.
- Job Location — Site where worker is to report.
- Name of Supervisor to whom worker is to report.

A light/modified job can be transitional, until the injured worker can resume his regular duties; or a permanent position. When writing the job offer, please remember to select transitional or permanent.

The written offer should be mailed via Certified Mail with Return Receipt Requested and a copy sent regular mail. Be sure to send a copy of everything you sent to the worker to your BIAW claims representative so they can make sure the information goes to the Labor & Industries claim file.

### Instructions for Permanent New Job Offer

When an injured worker has been deemed by Vocational Services as eligible for retraining (Plan Development), you have one last chance to offer Permanent Modified work.

However, you have to make a job offer WITHIN THE 15 DAY time frame for a permanent new light/modified job. If the offer has not been communicated to the worker by/on the 15th day from the Labor & Industries letter saying the worker is eligible for Plan Development, the job offer is not valid.

When you decide to make the offer, notify the Vocational Counselor and your BIAW Claims Specialist so they can assist you. There is a strict 15-day time limit that must be met.

The following *Job Offer Letter sample* is the format suggested by BIAW, L&I and the Board of Industrial Insurance Appeals.

# Light Duty Job Offers Must be Made in Writing!

**RE: #**

Dear

We are pleased to offer you \_\_\_\_\_ employment, which accommodates your current physical capacities as prescribed by your physician. The job of \_\_\_\_\_, is offered to you on a full-time basis during the day shift for a \_\_\_\_\_ hour workweek.

You will be paid \$ \_\_\_\_\_ per hour and your work hours will be Monday through Friday from \_\_\_\_\_ : \_\_\_\_\_ am to \_\_\_\_\_ : \_\_\_\_\_ pm with a half-hour lunch break. If you had any health and welfare benefits at the time of your injury these will be restored per eligibility. Your first date of work will be \_\_\_\_\_, " " / " / \_\_\_\_\_ and you should report to work at " " : " " am on that date. The position is available immediately should you want to return to work sooner.

You will report to \_\_\_\_\_ at \_\_\_\_\_ 's office at \_\_\_\_\_

A copy of the job description for this position, signed and approved by your physician, is enclosed. If any of these job duties prove difficult for you to perform, please report this to your supervisor immediately. Copies of this letter, and the enclosed job description, have been sent to your claims manager at Labor & Industries. If your earnings are less than your earnings at the time of your injury, you may be eligible for Loss of Earning Power (LEP) benefits through Labor & Industries.

If you choose not to accept this offer, or if you do not report to work on time, we will assume that you are not interested in returning to modified duty and your time loss benefits may be affected.

If you have any questions, please feel free to call me.

Sincerely,

\_\_\_\_\_ I am willing to accept the job offer.

\_\_\_\_\_ I am refusing the position and submitting this as notice of my voluntary choice to quit.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date

cc: Labor & Industries  
file  
BIAW