



XX.XXX: Workers' Compensation Transitional Duty - Return to Work Program & Policy

Effective: xx/xx/xxxx – RES-XXXX-XXX

Purpose:

To establish guidelines and procedures for giving transitional duty assignments to an employee who is recovering from a work-related injury or illness and has been given temporary physical work restrictions by an authorized medical provider. Our goal is to ensure every employee remains an active part of the workforce. Transitional duty is temporary in nature and subject to the discretion and operational needs of Genesee County.

Authority and Responsibility:

The Board of County Commissioners assigns implementation of this policy to the Risk Manager to coordinate with Human Resources regarding Transitional Duty Assignments.

Application:

Risk Management, Human Resources and Department Heads will attempt to find a job that is similar to the employee's original job. If an employee's original job cannot be modified to accommodate transitional duty restrictions or if another job cannot be found at the original worksite, then the employee may be transferred to another position for the transitional duty period. All transitional duty assignments occur during regular business hours of the location. A transitional duty assignment may be less than a 40-hour workweek.

Definitions:

Americans with Disabilities Act (ADA) - Federal protection from employment discrimination for individuals with qualified disabilities.

Authorized Medical Provider - A medical provider who has been designated to provide medical care and/or medical opinions for employees with work-related injuries or illnesses as authorized by the State of Michigan Workers' Compensation Statute.

Employee – A person employed by Genesee County. Employees include staff in probationary, full-time, part-time or seasonal/temporary status.



Family Medical Leave Act (FMLA) - Federal job protection during use of leave for a “serious health condition” or other qualifying event as defined under the Act.

Maximum Medical Improvement (MMI) - The point at which the authorized medical provider determines that (1) the condition resulting from the injury or illness is stable, (2) additional medical treatment or physical therapy will not improve patient’s condition or (3) that the patient has reached the medical plateau of recovery.

Physical Work Restrictions - Work restrictions placed on an employee by the authorized medical provider.

Transitional Duty - A temporary work assignment that does not exceed an employee’s medical work restrictions during a period of recovery from a work-related injury or illness. A temporary work assignment that does not develop into a permanent position and returns the employee to regular full-duty as soon as possible.

Policy & Procedure:

Making transitional work assignments is the joint responsibility of Risk Management, Human Resources and the Workers’ Compensation Third-Party Claims Administrator (TPA) based on the medical opinion and recommended work restrictions of an authorized medical provider. Risk Management, in conjunction with the TPA and Human Resources, will evaluate the availability of transitional duty for all temporarily disabled employees due to a work-related injury or illness.

Transitional duty work assignments, such as modified duty or alternate work, are limited and should normally not exceed 120 days. However, the length of a transitional temporary work assignment may be shorter if the restrictions can no longer be accommodated by the employer or if operational needs of the department no longer require the transitional work assignment.

The employee no longer qualifies for this program if:

- Their medical condition has reached a level of maximum medical improvement (MMI);
- They are released to their usual and customary duties without restrictions; or

Participation in the program will be reevaluated no less than every 120 days.

Procedure



1. **Development of Transitional Work Assignment.** Risk Management will develop the transitional work assignment based on input from the employee's manager/supervisor. This may require the addition of or adjustments to duties included in the assignment as the employee's medical condition progresses and job restrictions are modified. When a department is unable to assign suitable work, Risk Management and Human Resources will work with other departments to determine if a suitable work assignment can be identified.
2. **Return to Work.**
 - a. When Risk Management and Human Resources identify a transitional duty assignment outside their department, Human Resources will provide a letter (Appendix A) to the employee offering the transitional duty assignment.
 - b. The employee must return the letter to Human Resources or Risk Management indicating if they are accepting or declining the transitional assignment within two business days. Failure to respond within two business days will be considered a declining of the transitional duty assignment.
3. **Compensation**
 - a. Employees will be paid their normal hourly straight time rate of pay exclusive of shift or other premiums while on transitional duty. The transitional department pays the wage of their position and WC covers the remainder.
 - b. Overtime is not permitted while assigned transitional duty. If transitional duty is unavailable, the employee will remain on workers' compensation leave and paid in accordance with applicable collective bargaining agreements, county policy and state law.
 - c. If transitional duty is available with the employee's applicable medical restrictions and the employee refuses the transitional duty assignment, lost wage benefits may be disputed pursuant to the applicable provisions of the Workers' Compensation Act.
4. **Employee Responsibilities**
 - a. Work within the medical restrictions provided.
 - b. Do not work overtime or more than their regular schedule while in the transitional duty period.



GENESEE COUNTY
— M I C H I G A N —

- c. Meet the responsibilities of the transitional work assignment, including timeliness, productivity, and work quality.

Transitional/Temporary Duty Policy Acknowledgement

To All Employees:

It is the policy of Genesee County to maintain a transitional duty program. Our primary goal is to maintain a safe workplace for our employees. However, when an injury or illness does occur, our program helps make the process of returning to full work capacity as smooth and efficient as possible. This program is designed to minimize the disruption and uncertainty that can accompany a work-related injury for both Genesee County and each of our employees.

The success of the transitional duty program is the responsibility of every employee. Only by working together can we provide a safe workplace. We ask all our employees to be alert to potential accidents and strive to eliminate them. If we work together to minimize the effects of work-related accidents; we will all benefit.

Thank you for your cooperation and assistance.

Signature: _____

Title: _____

Date: _____



GENESEE COUNTY
— M I C H I G A N —

APPENDIX A
SAMPLE LETTER TO EMPLOYEE
OFFERING TRANSITIONAL DUTY ASSIGNMENT

[Date]
[Employee Name]
[Employee Address]

Dear [Employee Name]:

Due to the inability of your department to accommodate your restrictions, we have identified a transitional duty assignment. This assignment will begin [date]. The assignment is temporary and will be reviewed periodically. Please see the attached for reporting instructions.

Your rate of pay and employment status will not change if you accept this offer of transitional assignment. Declining the transitional assignment may adversely affect your workers' compensation benefits.

We hope that returning to work will help speed up your recovery time and you will be able to return to your former job as soon as possible.

Please indicate below whether you accept or reject the offer of transitional duty work described in the attached form. If you have any questions, please call me at **810-XXX-XXX**

Regards,
HR

CC: Risk Management
ASU Group (TPA)
Employee File

-
-
- ☐ **Accept:** I will report to work on the date noted above.
- ☐ **Reject:** Please attach medical documentation indicating the reason you are not able to perform the job offered.

Print Name

Signature

Date