

CITY OF REDDING

Personnel Policies and Procedures Manual

Section: Employment

Subject: Modified Duty/Alternate Work Policy

Personnel Director: Rinda Johnson Date: 5-24-05

City Manager: Michael Jensen Date: 6-14-05

City Council Resolution No. (if applicable) N/A Effective Date: 1/1/99

POLICY

It is the policy of the City of Redding to provide modified duty or alternate work assignments on a temporary basis to employees recovering from a work-related illness or injury. This same benefit may be extended for a non-work related illness or injury, when such work is available and medical approval has been granted by the physician. The intent of this policy is to provide a work assignment consistent with the employee's physical or mental capabilities during the recuperation period prior to returning to full duty status.

Modified duty or alternate work may be provided or may not be provided solely at the option of the City and in the City's sole discretion, after consideration of existing memoranda of understanding and/or other policies of the City. The provision of modified duty/alternate work on a temporary basis is not intended as a means of reasonably accommodating an employee under the terms of the Americans with Disabilities Act or as a means of fulfilling the City's obligation to provide vocational rehabilitation under Labor Code 139.5.

DEFINITIONS

An "alternate duty" assignment is one in which an employee's work restrictions can be temporarily accommodated in a job classification other than the employee's assigned classification.

A "modified duty" assignment is one in which an employee's work restrictions can be temporarily accommodated within his/her job classification.

"Physician" refers to the employee's treating physician or other physician acceptable to the City.

OBJECTIVES

- A. To minimize the financial hardship and emotional stress to employees who are disabled as a result of work or non-work related injuries or illnesses.
- B. To assist with the medical rehabilitation of employees by providing them with work assignments consistent with their physical and mental capabilities during their recuperation.
- C. To enable injured or ill employees to return to work as soon as possible, allowing other employees to continue to fulfill their own job duties.
- D. To reduce the costs associated with the City's workers' compensation program.

SCOPE OF THE POLICY

Modified duty or alternate work assignments are intended to be temporary in nature and provided to

employees only during their recuperation. Nothing in this policy is intended to imply that an employee has a right to such assignments, nor is there a guarantee of permanent continued employment with the City.

In no case shall such assignments be provided after the employee becomes permanent and stationary, i.e., has reached a point of maximum improvement, and is permanently precluded from the essential functions of his/her job classification, or when the physician certifies during the period of temporary disability that the employee will be unable to perform the essential functions of his/her job classification on a permanent basis. Modified duty or alternate work assignments shall be discontinued when the employee is released to perform full duties by the physician, or upon completion of the initial sixty (60) calendar days from the time the employee returns to work in the modified duty or alternate work assignment, whichever occurs first. Modified duty or alternate work assignments may be extended for additional thirty (30) calendar day periods, after review and approval by the Personnel Director, or his/her designees, in consultation with the City Attorney, as needed. No more than four (4) additional thirty (30) calendar day period extensions may be granted. Under no circumstances shall the total period of modified duty or alternate work assignments extend beyond 180 calendar days.

While there is no guarantee by the City that such assignments can be provided to all employees, they may be provided when the following conditions are met:

- A. The assignment fulfills a meaningful job function or functions within the limitations set by the physician.
- B. The assignment does not create a new job but incorporates, supplements, or modifies a present position of a temporary basis. The assignment should fulfill, to the extent possible, the tasks and duties of the employee's regular job.
- C. Assignments shall be initially considered in the department in which the employee was working when the medical restrictions were imposed by the physician. If no such assignment is available, the department director shall notify the Personnel Department, which shall determine whether assignments are available in other departments of the City. Assignments to other departments may be provided solely at the option of the City after consideration of relevant labor agreements, confidentiality issues associated with the newly assigned position, as well as the knowledge, skills and abilities of the employee, and with the consent of the Personnel Director and the department director receiving the employee.
- D. The assignment can be performed in a manner that is cost effective, as determined by the department director.
- E. Assignments shall be handled on a case-by case basis.
- F. Employees shall be compensated at their regular pay rate. Any schedule change, as a result of providing alternative work/modified duty, will not result in an overtime pay requirement.
- G. Based on the physician's written opinion, employees who have incurred a work-related injury or illness shall be required to return to any work which accommodates their limitations and restrictions. Failure to accept modified or alternate duty and return to work may result in the loss of applicable workers' compensation benefits as provided by law and other benefits provided by the City.

Attachment: Modified Duty Evaluation

(revised 5-2005)

Z:\My Documents\Kathy's_data\work\POLICIES\Modified Duty Policy-05.doc

MODIFIED DUTY EVALUATION

Date: _____

Treatment Plan: _____

Employee's Name: _____

Medical Diagnosis: _____

RECOMMENDATIONS:

- May return to regular duties without restrictions or limitations.
- May not return to work; estimated date of return _____.
- May return to limited work from _____ through _____ with the following limitations:

Not to be assigned a job requiring:

- | | |
|--|--|
| <input type="checkbox"/> Repeated bending | <input type="checkbox"/> Finger dexterity |
| <input type="checkbox"/> Continuous standing / walking / sitting | <input type="checkbox"/> Dirty or wet work |
| <input type="checkbox"/> Continuous reading | <input type="checkbox"/> Work with detergents or caustics |
| <input type="checkbox"/> Repeated climbing | <input type="checkbox"/> Work with solvents or chemicals |
| <input type="checkbox"/> Arms above shoulder level | <input type="checkbox"/> Depth perception |
| <input type="checkbox"/> Heavy use of L / R arm / hand | <input type="checkbox"/> Unprotected work above ground level |
| <input type="checkbox"/> Reaching / stretching motion | <input type="checkbox"/> Work near moving machinery |
| <input type="checkbox"/> Pushing / pulling motion | <input type="checkbox"/> Driving City vehicle |
| <input type="checkbox"/> Repetitive use of L / R wrist / elbow | <input type="checkbox"/> Critical or dangerous work |
| <input type="checkbox"/> Squeezing of hand tools | <input type="checkbox"/> Food handling |
| <input type="checkbox"/> Use of vibratory tools | <input type="checkbox"/> Other _____ |

Temporary Medical Protection:

- | | |
|--|---|
| <input type="checkbox"/> Should wear bandage dressing | <input type="checkbox"/> Should wear splint on finger / wrist / ankle |
| <input type="checkbox"/> Should wear neck collar | <input type="checkbox"/> Should wear flat, soft-soled footwear |
| <input type="checkbox"/> Should wear elastic brace on
wrist / elbow / back / knee | <input type="checkbox"/> Should wear patch on L / R eye |
| | <input type="checkbox"/> Other _____ |

Not to lift over:

- | | |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> 5 pounds | <input type="checkbox"/> 50 pounds |
| <input type="checkbox"/> 25 pounds | <input type="checkbox"/> _____ pounds |

Other: _____

Accepted Health Care Provider: _____
(signature)

City representatives may contact you for clarifications of the restrictions indicated above.