
RETURN TO WORK MANUAL



DANBURY INDEPENDENT SCHOOL DISTRICT

RETURN TO WORK MANUAL

OVERVIEW

Although preventing injuries is the best way to control workers' compensation costs, the District needs a way to manage injuries when they do occur. When an employee is injured, a Return to Work Program will help provide prompt medical care and then return the employee to work in the shortest possible time in a way that is compatible with work limitations during the period of disability.

A Return to Work Program has also proven to be one of the most effective methods for cutting the ever-rising claim costs associated with Workers' Compensation injuries. This manual includes sample documents, materials and tools that are designed to assist us in improving and maintaining our existing program.

This manual is Danbury ISD's internal administrative document and details the manner in which the District will administer its Return to Work program.

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If you have questions regarding the Return to Work Manual, call the Glenda K. Moore in the Business Office at 979-922-1218 x 1005.

**ANY SUSPECTED FRAUD ON WORKERS COMPENSATION CLAIMS
SHOULD BE REPORTED TO THE SUPERINTENDENT IMMEDIATELY.**

CHAPTER 1

WHY THE DISTRICT HAS A RETURN TO WORK PROGRAM

A Return to Work Program can be a win-win situation for the District and the employee. The program benefits the district by reducing workers' compensation costs and by continuing to utilize the knowledge, skills, and insight of the injured employee. The employee benefits by remaining connected to the workplace in a productive way, which also lessens his or her risk of extended lost time and a higher impairment rating. Nationwide studies have conclusively shown that Return to Work Programs have had a major impact on the reduction of workers' compensation claims costs.

Implementing a Return to Work Program is in accordance with recent legislation, House Bill 2600, which encourages the use of these programs. Labor Code section 409.005 has been amended to require an employer, on written request, to notify the employee, treating doctor and carrier of a Modified Return to Work Program available through the employer. New section 413.021 requires a carrier, with the agreement of the employer, to provide the employer with return to work coordination services.

While the most significant advantage is a marked reduction in overall claim costs, this overall reduction is realized through many associated benefits:

- The District has an established uniform response to all work-related injuries;
- Employee concerns about continued employment are resolved;
- An established formal program reduces the "fear of the unknown" for the employee when an injury occurs;
- The employee is assisting in his or her own recovery by performing medically approved tasks;
- Both mental and physical work conditioning is maintained;
- The chances of returning the employee to work permanently are greatly improved. The longer an employee is off work, the less likely he or she will ever return to full duty work status. Employees who return to work in

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- a modified or alternate duty capacity are likely to recover more quickly and with less impairment;
- Lost work days are decreased;
 - Coworkers are not overburdened with the additional duties of the absent employee;
 - Wage costs for substitute employees are saved;
 - Full or partial wages are earned which brings the employee's income closer to pre-injury wages than workers' compensation temporary income benefits alone;
 - Medical treatment and costs, such as work-hardening programs, are reduced;
 - Workers' compensation claims are resolved more quickly;
 - Classification by the State of Texas as "**hazardous employer**" may be avoided by lowering "lost time" injury rates; and
 - The District's annual loss experience will decrease as a result of the decrease in the severity of claims. Successful Return to Work Programs have been reported to reduce workers' compensation costs by as much as **30% to 40%**.

PURPOSE AND SCOPE:

Job assignments used in the Return To Work Program are referred to by various names such as "light duty," "alternate duty," or "modified duty." For consistency, the term "modified duty" will be used throughout this plan.

The focus of this section is on modified duty positions designed for those employees who are **temporarily** functioning at less than full capacity due to a job-related injury or illness. Although the length of the temporary limitation may vary, the employee is expected to recover fully. This might be, for example, a food service employee with contact dermatitis, a custodian with a fractured ankle, a Special Ed teacher with a lacerated wrist, a bus driver with a shoulder strain, or a secretary with carpal tunnel syndrome.

Modified duty assignments should be distinguished from "reasonable accommodation" requirements contained in the Americans with Disabilities Act (ADA). Modified Duty assignments associated with early return to work are

intended to fulfill a **temporary** need and should be extended only for a specified period of time. The ADA does not require employers to modify duties to place a temporarily disabled worker, and districts should avoid creating permanent modified duty positions. But, where there is a long-term disability or a permanent residual impairment, a determination may need to be made at some point as to whether an employee has recovered sufficiently to perform the essential functions of his or her position and what reasonable accommodations may be required.

PROGRAM ELEMENTS:

The DISD Return To Work Program embodies the following characteristics:

- Written and consistent procedures that are applied to all injured employees;
- Job descriptions and possible modified duty assignments are prepared for these assignments, e.g., modifying the employee's regular assignment or assigning the employee to alternate duties;
- A district office and position is assigned responsibility for coordination (Director of Business Services);
- Responsibilities for supervision are defined to monitor and ensure satisfactory performance of modified duty and to minimize the possibility of re-injury;
- Procedures are established for informing health care providers of the modified duty. Functional job analyses are prepared to assist health care providers in determining whether an employee can be released and what restrictions on duty should be applied;
- Potential consequences to an employee who refuses to accept modified duty approved by a health care provider are identified. **It is important to note that the Workers' Compensation Act includes provisions for stopping or reducing temporary income benefits if the employee turns down a Bona Fide Offer of Employment.** Bona Fide Offers of Employment are discussed later in this plan;
- Guidelines are provided on the maximum length of time an employee may be assigned modified duty;
- Modified duty assignments are documented to include doctor's releases, correspondence, assignments made, and any special considerations such

as reduced hours or workplace modifications. Medical records are kept confidential; and

- The claims adjuster is kept continuously informed and acts as liaison for medical information if the employee does not authorize release.

IDENTIFYING MODIFIED DUTY:

Modified duty is used to bring injured employees back to work as soon as medically possible. In most cases, employees will be able to return to their original jobs while recovering from an injury. Modified duty lets you match job tasks to the capabilities of injured employees. Here are some helpful tips.

Before an injury occurs:

1. Have job descriptions for every position at your district and keep them accurate and up-to-date. If an employee is injured, you'll already have the information you need about the employee's original job assignment.
2. Make sure your employees know what to expect if an injury occurs. There should be no surprises in this process. Once in place, acquaint all employees with the program elements, and include Return To Work in your new employee orientation.

After an injury occurs:

1. Direct the employee to seek immediate medical treatment, and, if possible, accompany him/her to the health care provider.
2. Inform the treating doctor that your district has a Return to Work Program.
3. The doctor will submit a Work Status Report, which lists the employee's current work status, medical restrictions, current capabilities, and the date the restrictions are expected to expire. Remember that restriction dates are not binding.
4. Identify or create a modified duty position that complies with the restrictions imposed by the treating doctor. Seek supervisor and employee input to help you brainstorm about everyday tasks as well as new tasks that an injured employee can perform. Suitable tasks usually are not physically demanding and should be safe, meaningful, and productive. To get started, ask:
 - What tasks are being performed?

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- What tasks are not being performed?
 - What tasks are performed occasionally?
 - What tasks could an injured employee do that would free other employees to perform their jobs more efficiently?

You may use the Modified Duty Job Description Guide in Chapter 3 and keep it on hand and regular duty job description.

5. Copies of the Modified Duty Job Description should be given to the injured employee to ensure his or her understanding of the temporary modifications, and to the employee's supervisor to monitor compliance with those modifications.
6. Have the supervisor or Return to Work Coordinator prepare a Bona Fide Offer of Employment. (Specific requirements for the Bona Fide Offer can be found in Chapter 2.)
7. If the modified duty does not exactly comply with the doctor's restrictions, the Bona Fide Offer can be deemed null and void.
8. Continually monitor the employee's progress. Talk with the employee regularly and discuss any concerns. Make sure the doctor agrees to any changes in modified duty.

EXAMPLES OF MODIFIED DUTY ASSIGNMENTS:

The following types of tasks or projects could provide the basis for modified duty assignments in a school district. Modified duty tasks should be productive activities that are, to the extent possible, similar to an employee's regular duty.

General/clerical/administrative:

- perform filing and clerical tasks
- compile fixed asset inventories
- answer telephone
- run copy machine
- check first aid kits
- operate paper shredder
- purge/update files

Instructional staff:

- develop and review curriculum
- review films
- review texts
- monitor halls

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- monitor lunch rooms
 - monitor playgrounds
 - help with extracurricular activities

Transportation:

- monitor buses
- inventory parts
- perform filing and clerical tasks

Food service:

- serve as cashier
- monitor lunch rooms
- inventory food supplies
- perform filing and clerical tasks
- inventory chemicals

Building maintenance:

- update Material Safety Data Sheets
- inventory chemicals
- check first aid kits
- inventory fixed assets

Custodial:

- inventory supplies
- dust library books
- perform filing and clerical tasks
- run copy machine

THINGS TO CONSIDER:

Many questions may arise during the implementation of a Return to Work Program. Following are some of the key issues that should be addressed prior to implementation.

- **LENGTH OF ASSIGNMENT**

The District does not have a duty to create a modified duty position, nor does the District have an obligation to convert a temporary modified duty position to a permanent position. No position will be created as a permanent job to be held open specifically to accommodate modified duty work.

The District can offer available, suitable work while the employee is:

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- A. Undergoing medical treatment and/or rehabilitation as a result of the injury;
 - B. Until the predetermined expiration of the modified duty position; or
 - C. Until the employee has reached Maximum Medical Improvement.

While the duration of modified duty assignments may be flexible individually, modified light duty jobs will be limited to ninety days in duration.

COORDINATION OF OTHER TYPES OF ABSENCES OR STATUTES

The Texas Workers' Compensation Act (TWCA) was enacted, in part, to provide the mechanism for an injured worker, who sustains a compensable injury in the course and scope of employment to receive medical and income replacement benefits. The Americans with Disabilities Act (ADA) was enacted to protect people from discrimination on the basis of disability. The Family Medical Leave Act (FMLA) was enacted to provide job security to employees who have serious medical conditions or who must meet personal and family obligations to tend to vital needs at home.

These laws serve different purposes; however, they interrelate in a return to work context when an employee with a compensable injury also meets the criteria for protections under the ADA or the FMLA.

Coordination of leave benefits may be required. For questions concerning coordination of various leave benefits, contact Glenda Moore in the Administration Office.

- **IDENTIFICATION OF WORK TASKS**

Use modified duty tasks similar to each injured employee's job category to the extent possible. Tasks can be identified either before or after an injury occurs. Pre-injury identification usually includes those tasks that are seasonal in nature, have high turnover, or are otherwise not staffed. Post-injury identification is usually done through a committee made up of the employee's supervisor, the Director of Business Services, and the claims adjuster. To identify tasks, the committee can conduct surveys of department heads and supervisors as well as review requests for temporary workers, substitutes, and new positions. Approval for assignments of teachers and staff to a particular campus is the responsibility of the principal. The development of productive work for the employee may eliminate any concern about payments possibly being considered "gifts of public funds."

- **COMMUNICATION WITH THE HEALTHCARE PROVIDER**

Continual communication with the District's health care provider is

essential to ensure that placement is consistent with physical capability. Communication is also necessary to determine when an employee has recovered to the point that he or she can return to regular duty.

- **COMMUNICATION WITH THE EMPLOYEE**

Regular communication with the employee by the employee's supervisor is key to promoting and supporting a quick recovery. Communication keeps the injured employee plugged into the workplace and feeling important. This type of communication should not overly emphasize the employee's return to work.

- **REPORTING REQUIREMENTS**

1. When an injury occurs, the employer must file a **First Report of Injury** with CAS within 8 days after the employee experiences more than 1 day of lost time or within 8 days of receiving knowledge of an occupational disease.
2. Once the employee returns to work on modified or regular duty, the District has 3 days to submit the **Employer's Supplemental Report of Injury** to the carrier with a copy to the employee.

However, if the employee has returned to work modified duty and, as a result of the injury is receiving less pay than before the injury, the employee is entitled to receive the difference between pre and post injury wages in the form of temporary income benefits (TIBs).

Each time there is a change in these wages, called **Post Injury Earnings**, a new report must be submitted to the carrier within 10 days after the end of the pay period in which the modified wages were earned. This means that the **actual amount paid** for that pay period and the hours worked must be posted on the report.

If the employee refuses a Bona Fide Offer of Employment, the amount of the **proposed** weekly wage is considered a Post Injury Earning, and income benefits will be adjusted accordingly. A carrier takes credit for Bona Fide Offer wages on the date of rejection of the offer or 7 days after receipt of the offer, whichever is earlier. So, notify your carrier as soon as you have any information about the rejection of an offer.

SUMMARY:

The District's Return to Work Program can be a win-win situation for both the district and an employee trying to remain productive despite a temporary disability. This program will not serve as a panacea for workers' compensation woes. Combined, however, with a prudently managed loss control program that emphasizes prevention, this effort may further establish the District as an employer who focuses on the safety, health, and productivity of all its employees and on carrying out its mission efficiently.

CHAPTER 2

HOW THE DISTRICT IMPLEMENTS THE RETURN TO WORK PROGRAM

MAKING A BONA FIDE OFFER OF EMPLOYMENT:

When the treating doctor releases one of your injured employees to return to work in any capacity, you should make a Bona Fide Offer of temporary modified employment to the employee. To be bona fide (valid), the offer must meet the requirements of TWCC Rule 129.6. The Texas Workers' Compensation Commission established these requirements, because making a Bona Fide Offer of employment can affect an employee's temporary income benefits (TIBs).

ELEMENTS OF A BONA FIDE OFFER

An offer of modified duty is bona fide only if the offer:

- is made in writing;
- includes a copy of the Work Status Report;
- states the location at which the employee will be working;
- states the schedule the employee will be working;
- states the wages that the employee will be paid;
- includes a description of the physical and time requirements of the modified position; and
- includes a statement that the District will only assign tasks consistent with the employee's physical abilities, knowledge and skills, and will provide training if necessary.

OTHER LEGAL REQUIREMENTS

The Bona Fide Offer of modified duty is provisionally extended to accommodate a **temporary** and **limited** need for the purpose of assisting in an injured employee's recovery and a safe, speedy return to work. Although not a requirement, it is important to clarify how long the modified duty position will last.

The location of the offer must be geographically accessible to the injured worker. When evaluating whether a work location is geographically accessible, the carrier will at a minimum consider:

- the affect that the employee's physical limitations have on the employee's ability to travel;

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- the distance that the employee will have to travel;
 - the availability of transportation; and
 - whether the offered work schedule is similar to the employee's work schedule prior to the injury.

OTHER ISSUES TO CONSIDER:

- If the employee's primary language is not English, have the Bona Fide Offer translated into the appropriate language.
- Deliver the offer during the time the employee is eligible for workers' compensation income benefits.
- Deliver the offer in person, fax or send the offer by regular mail. If sent by mail, the offer is deemed to have been received 5 days after it was mailed by the employer.
- Send a copy of the letter to the adjuster handling the claim.

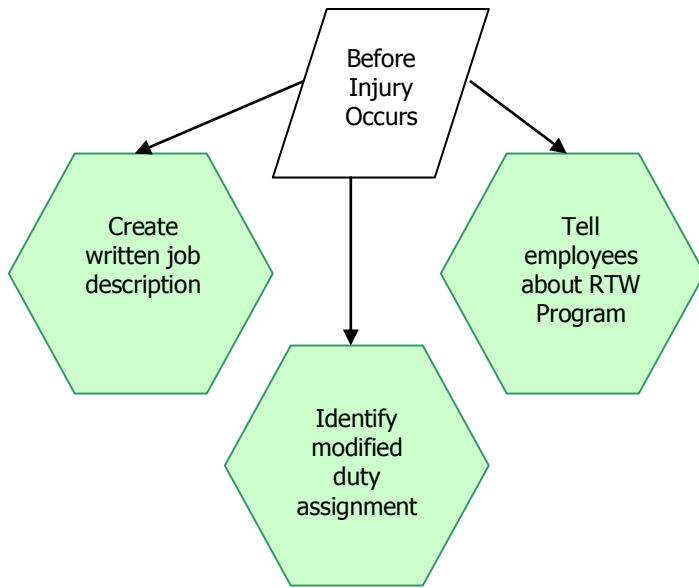
REMEMBER! Verbal offers of employment will not be deemed bona fide and will not allow the reduction or suspension of TIBs. A carrier may only reduce or suspend TIBs if it has a copy of both the offer upon which it was based. When you know that an offer has been accepted or rejected, let the adjuster know as soon as possible.

CHAPTER 3

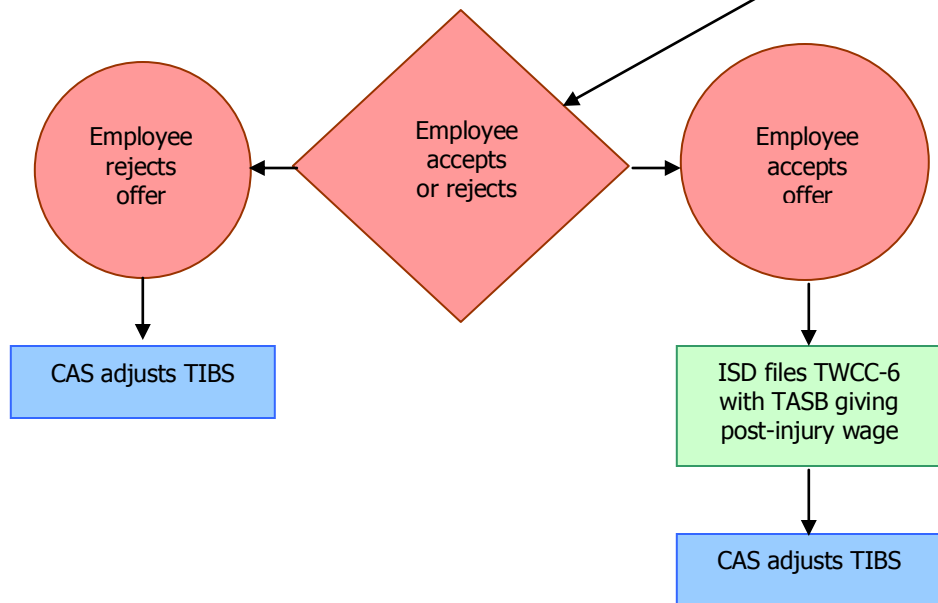
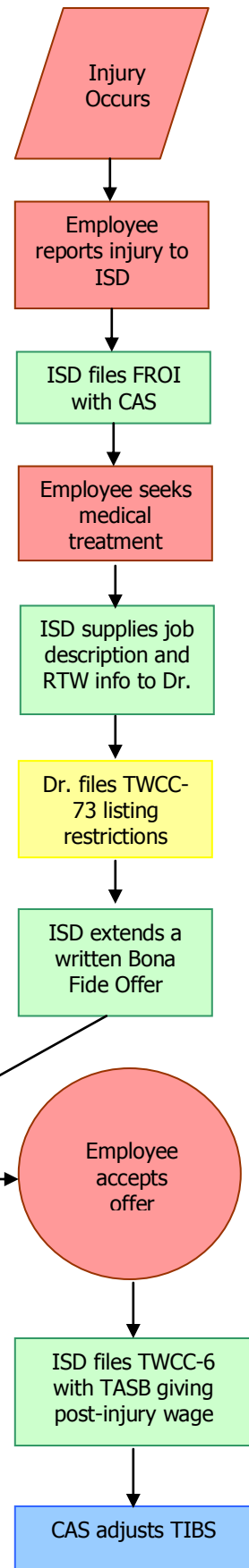
THE TOOLS

The documents include:

1. Return To Work Program Flowchart
2. Job Description Guide
3. Temporary Modified Duty Job Description Guide
4. Management Commitment Statement (English and Spanish)
5. Procedures for Return to Work Program
6. Statement of Responsibilities (English and Spanish)
7. Reporting Forms On-line
8. Letter to Treating Doctor
9. Medical Release Form
10. Bona Fide Offer of Employment
11. Commonly Asked Questions



**RETURN TO WORK PROGRAM
FLOWCHART**



DANBURY INDEPENDENT SCHOOL DISTRICT

**TEMPORARY MODIFIED DUTY
JOB DESCRIPTION GUIDE**

Job Title:

Wage/Hour Status:

Reports To:

Pay Grade:

Dept./School:

Date Revised:

Primary Purpose:

Focus on outcome of the job rather than process.
List required expectations and special requirements.

Qualifications:

Education/Certification

Describe required or desired licenses, certifications.

Special Knowledge/Skills

List all pertinent skill requirements to job function.

Experience

List number of years experience, training, and other qualifications required.

Major Responsibilities and Duties

List essential of the job as well as marginal duties. (Be as specific as possible.)
State how frequently a task is performed and what equipment, tools and materials are used.

Physical Demands

List specific physical demands, including measurement, frequency and duration.
Describe body position, parts of the body used and required exertion.

Give number of hours per day spent performing each function.
Describe temperature, hazards and other conditions.

Supervisory Responsibilities

Equipment Used

Working Conditions

Mental Demands/Physical Demands/Environmental Factors

The foregoing statements describe temporary modified duties in compliance with the physical restrictions and limitations outlined in the attached TWCC-73 submitted by Dr. _____. The responsibilities assigned to this job are to be performed strictly as outlined and may not be amended without review and consent of the above named treating physician.

Approved by _____ Date _____

Reviewed by _____ Date _____

RETURN TO WORK

MANAGEMENT COMMITMENT STATEMENT

DANBURY INDEPENDENT SCHOOL DISTRICT is committed to providing a safe and healthy workplace for our employees. Preventing injuries and illnesses is the District's primary objective.

If an employee is injured or ill, we will get immediate medical attention, and will utilize our Return to Work Program to create opportunities for him or her to return to safe, productive work as soon as medically possible.

Our ultimate goal is to return injured employees to their original jobs. If an injured employee is unable to perform all the tasks of the original job, we will make every effort to provide temporary modified work that meets the employee's medical restrictions.

The support and participation of management and all employees are essential for the success of our Return to Work Program.

Superintendent

REGRESO AL TRABAJO

DECLARACIÓN DEL LA ADMINISTRACIÓN

DANBURY INDEPENDENT SCHOOL DISTRICT se compromete a proporcionar un lugar de trabajo seguro y sano para nuestros empleados. La prevención de lesiones es nuestro objetivo principal.

Si se lesiona un empleado, conseguiremos atención medica inmediata, y utilizaremos nuestra programa del regreso al trabajo para crear las oportunidades para que vuelvan a un trabajo productivo tan pronto como sea medicamente posible.

Nuestra meta final es regresar los empleados lastimados a sus trabajos originales. Si un empleado lastimado es incapaz de realizar todas las tareas del trabajo original, haremos cada esfuerzo de proporcionar un trabajo modificado temporal que satisface restricciones medicas del empleado.

La ayuda y la participación de la Administración y todos los empleados son esenciales para el exito de nuestra programa del regreso al trabajo.

Superintendente

PROCEDURES FOR THE RETURN TO WORK PROCESS

Follow these procedures when an employee is injured on the job:

1. An employee who is injured must immediately report the injury to a supervisor or an appropriate person in management.
2. The supervisor or Return to Work Coordinator is responsible for:
 - a. Following CAS requirements for reporting injuries and illnesses;
 - b. Completing a first report of injury (IA-1) for **every** injury, whether or not medical attention is needed; and,
 - c. If medical attention is needed, a copy of:
 - the "Letter to the Treating Doctor" showing your commitment to the return to work process,
 - copies of the injured employee's regular job description,
 - a signed medical release.

The employee may present these upon the initial visit. It would be preferable for the supervisor to accompany the employee on the initial visit. (See sample Letter to Treating Doctor in this section)

3. The doctor is required to submit a Work Status Report (TWCC-73) to the carrier and the employer within **two** working days following the initial examination, regardless of the employee's work status. The employee will be given a copy of the TWCC-73 at the time of the visit. The doctor will submit subsequent TWCC-73's to the carrier, but will submit again to the employer only when the employee's work status changes. Please provide the doctor with your e-mail address or fax number so that he/she may more easily comply with the 2-day timeline for submission. (See forms section of the TWCC website, www.twcc.state.tx.us, for the TWCC-73 form.
4. If the employee is restricted from work, the supervisor or Return to Work Coordinator should communicate regularly with the employee and the doctor.

The district Director of Business Services should talk with the employee on the day of injury and once a week until the employee returns to work. The contact person should also check with the treating doctor whenever the

employee has a follow-up visit. (The signed medical release assures your right to access all information regarding this work-related injury.)

5. When the treating doctor releases the employee to restricted work on the TWCC-73, the supervisor should identify or attempt to develop a modified duty assignment. **Every assignment must meet the doctor's restrictions.** The supervisor must keep a copy of the TWCC-73.
6. Once the modified duty position is determined, the Superintendent should issue a Bona Fide Offer of Employment to the employee. To be Bona Fide, the offer must meet the requirements of TWCC Rule 129.6.
7. The supervisor must monitor the employee's work activities on a regular basis after the employee returns to work to ensure compliance with the doctor's restrictions and avoid the risk of re-injury.

STATEMENT OF RESPONSIBILITIES

EMPLOYEE RESPONSIBILITIES:

- Make sure that the employee understands the District's procedure for reporting injuries.
- If an employee is injured, they should inform their treating physician that modified work is available to them. A supervisor may ask an employee to take a blank Work Status Report (TWCC-73) and a letter from work to their doctor. The letter will explain the district's commitment to the return to work process. The TWCC-73 will be completed by their doctor and returned to the District with a copy to the employee and the carrier.
- If a doctor restricts an employee from working, the employee should check in with their supervisor once a week to advise the District of their condition.
- If a doctor releases an employee to work, they should return to work on the next scheduled work day.
- If a doctor gives an employee medical restrictions for modified duty work, they should follow the doctor's orders.

SUPERVISOR RESPONSIBILITIES:

- Train employees on proper reporting of incidents and injuries or occupational illnesses and return to work procedures.
- If possible, go with the injured employee to the doctor.
- Tell the doctor about the district's Return to Work Program, and provide the doctor with the Management Commitment Statement or the Letter to the Treating Doctor, the employee's job description, and a signed medical release.
- Contact the injured employee once a week and express concern for his/her health and recovery. Keep the employee "plugged in" to the workplace and feeling important.
- Help create or identify meaningful modified work assignments.
- Make sure the injured employee is following the doctor's restrictions.
- Check the employee's condition regularly to help get the employee back to his or her original job.
- If your district has a Return to Work Coordinator, provide the above information to your coordinator and update it regularly.

RETURN TO WORK COORDINATOR RESPONSIBILITIES:

- Act as the employer's representative with the adjuster and health care providers.
- If possible, accompany employee to the initial doctor visit if the supervisor cannot.
- Maintain contact with the treating doctor, the CAS adjuster, the employee, and the employee's supervisor.
- Develop and maintain record keeping and reporting systems for incidents and injuries.
- Provide copies of the Bona Fide Offer of Employment to the carrier if one is rendered.

HEALTH CARE PROVIDER RESPONSIBILITIES:

- Provide immediate and appropriate medical care to the injured employee.
- Assess the abilities of the injured employee.
- Provide the employee with physical restrictions to follow when doing job functions.
- Provide information about the employee's work capabilities to the employer.
- Become familiar with operations at the employee's workplace.

CLAIMS ADMINISTRATIVE SERVICES (CARRIER) RESPONSIBILITIES:

- Assign an adjuster to complete a "three point" contact with the injured employee, doctor, and employer, and complete a thorough investigation.
- Provide workers' compensation benefits to the injured employee.
- Provide information about the return to work process.
- Monitor the employee's recovery for return to regular duty work and MMI.
- Notify employer and doctor when case management is assigned.

Danbury Independent School District

LETTER TO THE TREATING DOCTOR

(Date)

(Doctor's name)

(Doctor's address)

RE: Employee's Name

Dear Dr.

(Employee's name) is employed by Danbury ISD as a (job title). He/she was injured on (date of injury), and is currently under your care.

Danbury ISD has implemented a Return to Work Program, which is designed to return an injured employee to the workplace as soon as medically possible. If (employee name) is unable to return to his/her original job, we will make every attempt to return this employee to a temporary modified duty assignment. We will also ensure that this position meets with all medical restrictions that you prescribe. (Employee name) is aware of our desire to return him/her to the workplace. If necessary, we are willing to rearrange work schedules around diagnostic or treatment appointments.

Attached is a current job description with required physical demands. Please assist us by reviewing the attached position and providing your recommendations for temporary modifications.

Please call me at 979-922-1218 if you have any questions about our Return to Work Program. Thank you in advance for your participation in our efforts to return (employee's name) to a safe and productive workplace.

Sincerely,

(District representative)

(Title)

(District name)

SAMPLE

MEDICAL RELEASE FORM

I, _____, hereby release my treating doctor,
_____, to give my employer, Danbury
Independent School District, pertinent information about my current work-
related injury of (_____),
date of injury

and how that injury may affect my ability to complete the functions of my job.

No other confidential information may be released without my written consent.

Employee's signature Date: _____

Employer's signature Date: _____

DANBURY INDEPENDENT SCHOOL DISTRICT

BONA FIDE OFFER OF EMPLOYMENT

Date:

(Employee name and mailing address)

Dear _____ :

We have been informed that Dr. _____ has released you to return to modified duty with restrictions as outlined in the attached Work Status Report dated _____. We are pleased to offer you the following temporary modified work assignment that we believe is within those restrictions.

To do this assignment, you will be required to (describe physical and time requirements):

- 1.
- 2.
- 3.

You will be working at _____ campus and have the following work schedule: _____ through _____ from _____ to _____. You will be paid \$ _____ per _____. Please be assured that we are sympathetic to your injury, and we will only assign tasks consistent with your physical abilities, knowledge and skills. Your supervisor will work with you to ensure that you receive the proper training necessary to do this work.

The duration of this assignment will be _____ weeks. At the end of this period, we will review the district's needs to determine if an extension can be made, or if other suitable work is available.

This offer will remain open for five days from your receipt of this letter. If we do not hear from you within five workdays, we will assume you have refused this offer, which may impact your Temporary Income Benefits.

We are looking forward to your return. If you have any questions regarding this offer, please contact me at () - .

Sincerely,
(Signature and Title)

OFERTA DE TRABAJO

(Membrete del Distrito)

Fecha:

(Nombre y dirección del empleado)

Estimado _____ :

Nos han informado que el Dr. _____ le ha permitido que regrese a trabajar en deberes modificados con restricciones como lo indica el Reporte de Estado de Trabajo anexo con fecha del _____. Nos alegra poderle ofrecer el siguiente trabajo modificado temporal que creemos cumple con sus restricciones.

Para llevar a cabo este trabajo, se requiere que (describir los requisitos físicos y de tiempo):

- 1.
- 2.
- 3.

Usted trabajará en el campus de _____ y tendrá el siguiente horario: _____ a _____ de _____ a _____. Se le pagará \$_____ cada _____. Le aseguramos que nos interesa su recuperación y que sólo le asignaremos tareas consistentes con sus conocimientos y habilidades físicas. Su supervisor trabajará con usted para asegurarse de que usted reciba la capacitación apropiada necesaria para hacer este trabajo.

Este trabajo durará _____ semanas. Al final de este periodo, revisaremos las necesidades del distrito para determinar si podemos hacer una extensión, o si hay otro tipo de trabajo disponible.

Esta oferta permanecerá en pie por cinco días después de que haya recibido esta carta. Si no recibimos contestación suya en un lapso de cinco días hábiles, nosotros asumiremos que no aceptó esta oferta, lo cual puede afectar sus Beneficios de Ingreso Temporal.

Esperamos regrese a trabajar pronto. Si tiene alguna pregunta con respecto a esta oferta, favor de llamarme al () - .

Atentamente,
(Firma y Puesto)

COMMONLY ASKED QUESTIONS

If a covered employee has a compensable injury, two categories of benefits may be provided: medical benefits and temporary income benefits.

Medical benefits are the payment of reasonable and necessary medical bills relating to the injury for as long as necessary. Temporary income benefits are payments that replace a portion of the injured employee's lost wages due to the injury.

Here are answers to some common questions about benefits.

Q. What are Temporary Income Benefits?

A. Temporary income benefits (TIBs) are paid to the injured employee while the employee is temporarily unable to earn wages equivalent to the pre-injury wage. TIBs are paid in place of wages.

Q. How are TIBs calculated?

A. For school district employees, TIBs are calculated by determining an average weekly wage (AWW), which is computed on the basis of wages **earned** by the employee in any given week, equal to the amount that would be deducted from the employee's salary if absent from work for one week.

For employees making \$8.50 per hour or more, TIBs are calculated at 70 percent of the AWW. For employees making \$8.49 per hour or less, TIBs are calculated at 75 percent of AWW for 26 weeks. After 26 weeks, payments are reduced to 70 percent.

Q. What are Impairment Income Benefits?

A. Impairment income benefits (IIBs) are paid to the injured employee based on the impairment rating given by the treating doctor when the employee reaches maximum medical improvement. Three weeks of IIBs are paid for each percent of permanent whole body impairment. Here is the formula that is used: (percent impairment) x 3 = number of weeks IIBs paid. IIBs are not a wage replacement and have nothing to do with lost time.

Q. What is maximum medical improvement (MMI)?

A. MMI is a concept based upon reasonable medical probability, and is the point after which no further recovery is anticipated. Reaching MMI will be a trigger for

the potential assignment of an impairment, but does not mean that the injured employee will be pain free or that some other medical treatment, even surgery, will not occur sometime in the future.

An injured employee may reach MMI in two ways. MMI usually occurs on the earlier of these two dates:

1. The date when a doctor determines the injured employee is not expected to recover any further.
2. the date when 104 weeks has passed from the time income benefits began to accrue.

An extension of the 104 week period may apply in certain cases. If an injured employee has had spinal surgery or has been approved for spinal surgery within 12 weeks of the end of the 104 week period, then the date for MMI may be extended.

Q. What are Post Injury Earnings?

A. Post Injury Earnings are a monetary benefit or wage paid to an employee after the date of injury. Post Injury Earnings include wages based on work performed while on modified duty, as well as the weekly amount of any wages offered as part of a bona fide job offer which is not accepted by the employee.

Q. When and how often is the doctor required to file the Work Status Report (TWCC-73)?

A. The doctor is required to fax or send the TWCC-73 no later than 2 days after the exam on the initial visit regardless of work status; when there is a change in work status or work restrictions; or upon request by the carrier. It must also be filed within 7 days of receipt of a functional job description from the employer or the carrier.

Q. When does the employer's duty to file the TWCC-6 end?

A. The employer no longer has the duty to file the TWCC-6 when the employee returns to work regular duty earning his pre-injury wage; when the employee reaches MMI, or when the employee is no longer employed by you. However, if an employee who has returned to work at pre-injury wage and later experiences additional lost time or a reduction in earnings as a result of the injury, an amended TWCC-6 will again be required.

Q. If my employee is injured on the job, can I choose the doctor I want the employee to visit?

A. You may ask the injured employee to see your "company" doctor; however, every injured employee has the right to choose a treating doctor. According to

TWCC, if the employee continues to treat with your doctor for 60 days, the employee is assumed to have adopted that physician as his treating doctor. Any change of doctor thereafter must be approved by the TWCC.

Q. If I offer my injured employee a job, can the employee refuse it?

A. Injured employees may refuse an offer for modified duty, but if the offer of employment was bona fide (according to TWCC Rule 129.6), their temporary income benefits may be reduced or stopped. This does not mean, however, that your injured employee is terminated from employment. Follow your district's absence and leave policies, and discuss the situation with your attorney or TASB Legal Services before terminating the employee.

Q. If an injured employee returns to work at a lower pay rate, does the employee receive indemnity workers' compensation benefits?

A. Yes. If the injured employee has not reached MMI and is not receiving the average weekly wage that was earned before the accident, the employee will receive income benefits based on the amount of lost wages.

Q. If a written Bona Fide Offer of employment was sent to the employee, but the employee does not respond, what can the carrier do?

A. The employee is deemed to have received the offer 5 days after it was mailed. On or after the 7th day after the employee receives the offer, the carrier may consider the offered wages as post injury earnings and deduct them from TIBs.

Q. What if the employee rejects a Bona Fide Offer of Employment?

A. Any wages that are offered as a part of a Bona Fide Offer of Employment may be considered Post Injury Earnings and may be deducted from the employee's Temporary Income Benefit (TIB) rate, even if the offer is rejected.

Q. Should the Bona Fide Offer be sent to the employee by certified mail/return receipt requested or by regular mail?

A. It is preferable to submit a Bona Fide Offer of Employment in person. However, regular mail is considered sufficient guarantee of receipt by the TWCC. Certified mail can often delay the process if the Post Office has difficulty or is unsuccessful in securing a signature of receipt.

Q. What if I bring an injured employee back to modified duty work and the employee is re-injured on the job?

A. There is no guarantee that an employee will not be re-injured. The treating doctor should always approve proposed modified duty, which will reduce the risk of re-injury. However, in some circumstances, a new incident may be considered a re-injury and should be reported. File a new IA-1 when a new incident happens, and the carrier will determine if a new injury has occurred.

Q. What if an injured employee on modified duty is constantly late to work, does not carry out assigned tasks, and often has unexcused absences?

A. If you have rules for all employees, the same rules apply to injured employees. Follow your existing disciplinary process. However, if the employee has not reached maximum medical improvement, and you send the employee home without pay, temporary income benefits will be paid.

Q. What if the employee is released to return to work with some restrictions and we already have a modified position available and the employee comes back right away. Do we still have to go through the bona fide offer process?

A. Yes. A carrier may only reduce or suspend TIBs if it has a copy of both the offer and the TWCC-73 upon which it was based.