

*STATE OF NORTH DAKOTA
OFFICE OF MANAGEMENT & BUDGET
RISK MANAGEMENT DIVISION*

Transitional Duty Program



June, 2011

BEFORE WE START

WHAT IS A TRANSITIONAL WORK PLAN?

- It is a plan that employers have in place to assist employees who sustain an occupational injury or disease and cannot return to his or her regular (pre-injury) job for a period of time.

WHAT IS THE PURPOSE?

- Transitional duty (return-to-work) programs serve as “tools” for motivated employees who want to continue working during the course of recovery from an occupational injury or disease. Transitional duty helps the employee stay in the work environment which, in turn, has proven to speed recovery and reduce workers compensation costs.

Why is transitional work important?

- By having a transitional work plan in place before an injury occurs, you will be better prepared in the event that you need to place an injured worker in tasks consistent with any medical restrictions imposed by the doctor after an injury has occurred.
- It allows the injured worker to “transition” into the work environment after sustaining a work related injury.
- It encourages a safe and early return to work taking into account the injured workers abilities and their injury.
- While the injured worker benefits by being productive again and receiving a salary, an employer also benefits by having an experienced and productive worker back on the job.

INTRODUCTION

STATE POLICY

The state of North Dakota has established a Transitional Duty Program that will enhance recover, comply with the Americans with Disabilities Act (ADA), help minimize workers compensation costs, and provide a service to employees who are injured or contract an occupational disease in the scope of employment with the State. Employees will be placed in transitional duty positions, when feasible, during the course of recovery from an occupational injury or disease that precludes the employee from performing normal job tasks. In the event of a permanent disability that prevents an employee from performing the essential functions of his or her regular position and for which reasonable accommodations cannot be made, every effort will be made to place the employee in an alternative vacant position that he or she is qualified to perform and that matches his or her physical limitations.

Note: If a State entity has a position or special project that would be appropriate to accommodate someone with a physical limitation, a description of the duties and physical requirements can be sent to the entity's personnel or administrative officer or the Risk Management Division for addition to the transitional duty pool.

IMPLEMENTING THE TRANSITIONAL DUTY PROGRAM

I. **State Responsibilities**

Transitional Duty Pool – State entities are encouraged to establish and locate transitional duty positions in-house. However, if none are available to accommodate an injured employee’s restrictions, a position will be located through the Risk Management Workers Compensation Program (RMWCP). The state entity that is the employer at the time the injury occurred to the employee will be required to pay the full pro-rated salary of the employee while the receiving entity will enjoy the benefit of an extra employee compensated by the originating entity.

The administrative Rules adopted by the Risk Management Division govern the operation of the Transitional Duty Pool.

II. **State Entity Responsibilities**

- a) Provide transitional duty that accommodates the physical limitations of employees who are recovering from an occupational injury or disease.**
- b) Identify possible alternative work or special projects prior to the need to implement transitional duty.**
- c) Communicate the employee’s and supervisor’s responsibilities in regard to their role in this program and ensure that all parties perform those responsibilities.**
- d) Communicate with the Risk Management Division, Workforce Safety & Insurance (WSI), and the health care provider in regard to the availability of transitional duty, the status of the employee’s claim and any extenuating facts or circumstances that could affect the employee’s early return to work.**

- e) If unable to accommodate the employee's restrictions, contact the agency's personnel or administrative officer and Risk Management to locate appropriate transitional duty within another state entity.

III. **Employee Responsibilities**

- a) If your medical provider indicates that you have temporary physical restrictions that do not allow you to perform your regular job, consideration will be given to modify your duties as necessary. If it is not possible or feasible to modify your duties, either a transitional duty assignment that meets your physical restrictions will be developed, or an appropriate position will be located. You will receive your normal wages and benefits that will be prorated if less than 8 hours a day are worked.
- b) You must respond to a transitional duty assignment offer with 24 hours, when possible, but not later than two days. Exceptional circumstances will allow up to seven days for a response. Disability benefits may discontinue if an employee does not accept a transitional duty position that is approved by the medical provider and is within 25 miles of the pre-injury position.

Note: Employees may, at their own discretion, accept a temporary position that is more than 25 miles from their original position. An employee will not be subject to the denial of benefits if he or she does not accept the temporary position that is more than 25 miles from their original position. Employees may elect to utilize their rights under the Family Medical Leave Act, if applicable, in lieu of accepting a transitional duty position. Provisions of FMLA will supersede the provisions of this program. However, workers compensation disability benefits may be discontinued.

IV. **The Process**

- a) After a transitional duty position is identified, a copy of the job duties must be sent to the employee's treating medical provider for approval.
- b) The receiving agency supervisor who will be responsible for the employee will be required to sign the temporary transitional duty job description. *Note: It is imperative that the physical limitations set by the medical provider are not exceeded.*
- c) Consideration will need to be given to part time situations and required time off to attend medical appointments.
- d) A \$25.00 surcharge may be imposed on an employing agency that fails to provide transitional duty to an injured employee who has been off work for at least 5 consecutive calendar days, for whom a position is available to meeting the employee's limitations and restrictions, and if the employee has been cleared for transitional duty. There is no penalty for a receiving agency not agreeing to accept an injured employee for transitional duty.
- e) If the State is unable to provide transitional duty or if a medical provider refuses to release the employee to ANY type of work, the employing entity must establish a regular schedule of consistent contact with the employee to provide moral support, assistance, and to monitor the progress of their medical status.
- f) If an employee's medical provider certifies that the employee has sustained permanent limitations that do not allow the employee to perform the essential functions of their regular position, every effort will be made to make reasonable accommodations. This includes a reassignment to an appropriate vacant position. State entity personnel should interview qualified employees with permanent limitations from other entities who are referred from the entity's personnel or administrative officer for vacant positions, and give consideration to hiring them. Incentives to hire previously injured employees in positions that will accommodate their

restrictions resulting from a workplace injury may be available through WSI Preferred Worker Program.

V. **Transitional Duty Explained**

TRANSITIONAL DUTY ASSIGNMENT DEFINED MATRIX	
OPTION 1	Employee remains assigned to regular job with some key tasks or functions temporarily altered or suspended or hours temporarily reduced. If the employee is performing at least 51% of the essential functions of their position there will not be a classification issue and this transitional duty will not necessarily be limited to 90 days. This is considered reasonable accommodation provided that an undo hardship is not placed on the entity due to the limited work status of the employee.
OPTION 2	Medical restrictions prevent an employee from performing significant portions of his or her regular job tasks. Supplemental tasks not usually done by the employee, but within medical restrictions are identified. Supplemental tasks are assigned to fill employees allowed work time.
OPTION 3	Employee’s medical restrictions prevent employee from accomplishing most of his or her regular job. A series of supplemental tasks are assembled and combined to fill employee’s allowed work time. Creativity is essential-special projects, volunteer related activities, assistance with safety program implementation, etc.
OPTION 4	The injured employee’s entity cannot accommodate temporary transitional duty requiring the location of an appropriate position within another entity. The employee works in a vacant position, volunteer position, or special project for a maximum of 90 days. The original entity will continue to pay the employee’s salary. Special efforts must be made by the original entity, receiving entity, and WSI to ensure that all related issues are properly handled. Risk Management must be notified and will coordinate this option.

- a) In all of the defined options shown in the Matrix, the employee remains in their regular position and job classification. The employee continues to receive regular wages and accrue benefits. Seniority, lay-off rights, and other employee rights remain intact. Wages and benefits are pro-rated, based on actual hours worked. In some cases, when an employee is only working part time, wages may be supplemented by payment of temporary partial disability. These benefits end when wages return to at least 90% of the employee's gross weekly pre-injury wages.

Office of Management and Budget
Payroll and Miscellaneous Fiscal Policies

May 1, 2008

Policy 117 - Worker's Compensation

Employees who are eligible to receive disability benefits for a lost time claim can continue to receive full salary by choosing to use leave to **supplement** their benefits. Any employee that is receiving worker's compensation benefits should complete the Worker's Compensation Leave Option form, in the Risk Management Manual 9.7-6. If an employee chooses to use leave to supplement their benefits the disability check stubs must be turned over to the agency payroll clerk to receive this benefit. The amount paid by WSI will be deducted from your paycheck. State law prohibits employees from receiving both worker's compensation benefits and full leave benefits simultaneously.

Worker's compensation benefits are not taxable. Therefore, when an employee turns over a copy of the disability check stub, the following adjustments should be made:

A) Payroll

Make a negative one-time adjustment for the amount of the worker's compensation check. (It will be a reduction of pay). The employee will keep the worker's compensation check.


B) Leave Adjustment

- Determine difference between regular pay and amount paid by worker's compensation for the hours gone.
- Find out the hourly rate for the month that the person was gone, then take the hourly rate times the number of hours gone that month.
- Determine what this amount is equal to in leave.
- Adjust the leave taken. First annual leave and/or comp is reinstated and then sick leave.
- If a holiday falls within the timeframe that worker's compensation is received, the holiday needs to be docked from the hours adjusted back. The hours adjusted back are figured only on the leave hours that were taken.

Example

- Monthly salary \$1600 – worker's compensation paid \$500
- Employee off 9 days = 9 days X 8 hrs/day = 72 hours
- 22 days in the month x 8 hrs/day = 176 hours in the month.
- $\$1600/176 = \9.09 (hourly rate)
- $\$9.09 \times 72 \text{ hours} = \654.48
- $\$654.48 - \$500 \text{ (WC payment)} = \154.48
- $\$154.48/\$9.09 = 17 \text{ hours}$ leave employee should be docked.
- Reinstated 55 hours of leave (72 hours taken – 17 hours that should have been used)

b) Changes in transitional duty are based on the treating medical provider's documented physical limitations. The employee must bring an updated physical assessment form to their supervisor after EACH appointment to evaluate the possibility of changes or increase in duties. The following form is recommended for use by WSI and is used by many medical providers.

	North Dakota Workforce Safety & Insurance <i>To us, it's personal.</i>		CAPABILITY ASSESSMENT CLAIMS DIVISION SFN 58550 (04/2008)		1600 EAST CENTURY AVENUE, SUITE 1 PO BOX 5685 BISMARCK ND 58508-5685 Telephone 1-800-777-5033 Toll Free Fax 1-888-786-8695 TTY (hearing impaired) 1-800-366-8888 Fraud and Safety Hotline 1-800-243-3331 www.WorkforceSafety.com		
	PLEASE TYPE OR PRINT USING BLACK OR BLUE INK. SEE REVERSE FOR ADDITIONAL INSTRUCTIONS.						
General Information	Claim Number		Injury Date	Birth Date	Social Security Number		
	Injured Worker's Name		Employer's Name		Employer's Phone Number		
	Injured Worker's Address				Injured Worker's Phone Number		
Medical Assessment	Diagnosis Code/ICD9 Code		Visit Date		Part of Body Injured		
	Purpose: <input type="checkbox"/> Initial Evaluation <input type="checkbox"/> Re-check <input type="checkbox"/> Discharge If this is the initial evaluation, please complete the next question. Any reported pre-existing/associated conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	Injured worker is released to work with: <input type="checkbox"/> No restrictions <input type="checkbox"/> With the following restrictions (if so, please complete below) Restrictions are in effect until _____ Restrictions ordered are in effect for home and/or work activity.						
	Physical Capabilities (Related to work injury):		Not Recommended	Seldom 1-5%	Occasional 6-33%	Frequent 34-66%	Constant 67-100%
	Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stand / Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Climb (ladders/stairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Twist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Bend / Stoop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Squat / Kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reach (Left, Right, Both)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work above shoulders (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wrist (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grasp (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fine Manipulation (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operate foot controls (L, R, B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drive / Operate Machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting/Pushing	Not Recommended	Seldom	Occasional	Frequent	Constant		
Lift (L, R, B)	lbs	lbs	lbs	lbs	lbs		
Carry (L, R, B)	lbs	lbs	lbs	lbs	lbs		
Push / Pull	lbs	lbs	lbs	lbs	lbs		
Other instructions and/or limitations:							
Restrictions based upon: <input type="checkbox"/> Workability <input type="checkbox"/> Functional Capacity Assessment <input type="checkbox"/> Physical Exam							
Follow-up	Follow-up Plan <input type="checkbox"/> Next visit with this provider: _____ <input type="checkbox"/> Medication Prescribed: _____ <input type="checkbox"/> Referral to: _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Consult with: _____						
	Has injured worker reached maximum medical improvement (MMI)? <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ If yes, is it likely that the permanent partial impairment (PPI) will be greater than 16% whole body? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown						
FRAUD WARNING — By signing this form, I acknowledge that I have read the Fraud Warning on the reverse side of this form and understand that falsifying this claim or making a false statement regarding this claim may be a felony punishable by substantial fines and imprisonment. By my signature below, I declare that the statements on this form are true and accurate.							
Physician's Signature		Facility	Federal Tax ID		Phone Number		
Injured Worker's Signature		Date	I authorize the release of this report and any other medical information related to my claim to my employer, Workforce Safety & Insurance (WSI) and its agents.		C3		
Please complete sign, and return this form to WSI immediately. Prompt payment of compensation depends on this form.							

c) Options 2, 3, and 4 of the Matrix are **temporary** special assignments. They are offered when there is medical documentation that the employee cannot perform his or her regular job, but is expected to recover from the injury or illness within a reasonable period of time. Transitional duty is not reinstatement or reemployment. Special assignments will end when one of the following occurs:

- ➡ Ninety consecutive calendar days have elapsed from the day the employee starts the assignment.
- ➡ The employee is released to return to work.
- ➡ A permanent restriction is determined that prevents the employee from performing the essential functions of his or her regular position and for which reasonable accommodations cannot be made.
- ➡ The temporary assignment is no longer available or other conditions require the agency to stop the temporary assignment.
- ➡ The claim for workers compensation benefits is denied.
- ➡ Suitable transitional work which will last for the remainder of the time ordered by the physician becomes available with the original agency or facility.

Note: A second 90 day temporary position may be approved if the employee performs one term while being conservatively treated for an injury and then ends up having a surgery which requires some lost time and a subsequent recovery period is needed. An option to extend the 90 days will temporarily reclassify the employee's position if the disability is projected to continue for an extended period of time and the reclassification does not pose a hardship to the agency.

VI. Frequently Asked Questions

What should I do if an employee's medical appointments create numerous interruptions due to an employee's ongoing medical treatment?

- While ongoing medical treatment is common, employers can use their influence in scheduling medical appointments to keep interruptions to a minimum. Let employees know when you need them to be at work and ask that they schedule appointments around this time.


What if an injured employee moves out of the area or doesn't want to return to work?

- An employer is entitled to make an offer of employment in the same geographic area (within 25 miles) of where the injury took place. An injured employee who relocates is still obligated to acknowledge the offer. If the employee is offered light duty and fails to return to work, his or her benefits may be terminated.


What if an employee reports to work, but complains that he or she hurts too bad to work?

- If an employee is released to return to work and is provided work within his or her restrictions, the employee needs to perform the required job tasks. If the employee is in too much pain, inform him or her to get a doctor's release to be off work. Otherwise, if the employee chooses to leave work he or she will be charged sick or annual leave or leave without pay.





What if permanent restrictions do not allow an employee to perform his/her essential function on the job?

 **An employee who cannot return to a pre-injury position isn't guaranteed employment. However, an agency may want to consider job restructuring or job modification and the use of assistive technologies to retain previously productive employees. Workforce Safety and Insurance in conjunction with Vocational Rehabilitation can assist many employees with training and assistive technologies to return to his or her previous position.**

What if an injured employee on light duty comes to work, and is not productive, takes excessive breaks and/or wastes the time of other employees?

 **Injured employees are expected to be productive within his or her capacity. If an injured employee persists in non-productive activity, the employer should follow normal disciplinary procedures. The injured employee should be regarded as any other employee and held to the same agency policies.**

How is the employee paid?

-  **The employee will remain in regular classification and position**
-  **Wages are supplemented up to 66.6% by Workforce Safety & Insurance**
-  **An employee can use leave benefits to keep pay at regular level.**
-  **Wages and benefits will be prorated for hours worked if employee is eligible for temporary partial disability benefits.**

VII. **SAMPLE FORMS/DOCUMENTS**

Attached are sample forms and checklists which may be used to facilitate and document the transitional duty process. The forms and documents are described below briefly:

1. **State of North Dakota Temporary Transitional Duty Assignment.**

A form that is to be completed by the employer of the injured worker explaining the terms and conditions of the employee's transitional duty assignment. The form must be signed by both the employee's supervisor and the employee.

2. **Letter to medical provider explaining Transitional Duty Program.**

A sample of a letter to be sent by the employing State entity to the injured employee's treating medical provider explaining the State's Transitional Duty Program documenting the information the medical provider must provide to enable the injured employee to participate in the transitional duty program.

3. **Guideline for Transitional Duty Program**

This Guideline is a checklist that documents the employee's progress when assigned transitional duty. The Guideline is to be completed by the employee's supervisor and filed with the Risk Management Division when the transitional duty is completed.

4. **State of North Dakota Workers' Compensation Leave Choice Option.**

This form explains to the injured employee the various disability benefit choices available when the employee has been placed on transitional duty. The form is to be completed by the injured employee and signed by the employee's supervisor.

5. **Physical Demand Information.**

This document provides an in-depth description of the five terms with which the Physical Demand is expressed for an 8-hour work day.

6. Temporary Transitional Duty (Doctor Approval Letter).

A sample letter to be sent to the injured employee's treating physician requesting approval of the temporary transitional duty assignment. This letter documents that the medical providers agrees that the job duties assigned are physically appropriate.

**STATE OF NORTH DAKOTA
TEMPORARY TRANSITIONAL-DUTY ASSIGNMENT**

Claim Number	Employee Name	Date
Employer Name	Department	
Address		
Physician		

The physician, named above, has released you to return to work with the following restrictions:

We have work available ____ days per week, ____ hours per day, beginning _____.

We would like you to return to work effective: _____

Agency/Location: _____

Supervisor (phone): _____

Your duties will include: _____

These job duties do not have the following physical requirements: _____

This assignment is available IMMEDIATELY for a maximum of 90 calendar days.

Job and Pay Data

_____ Unchanged from regular work

_____ Changed from regular work

_____ Full-time _____ Part-time

_____ Shift/Days Off

Your medical provider has indicated that they believe this position is physically appropriate for you at this time. The restrictions, as recommended by your physician, were reviewed and it is understood that you are to perform only duties within the guidelines and you will obtain assistance as needed for duties not within these recommendations.

You understand that you may be reassigned to another department or state agency if duties are not found within the doctor’s recommendations. You also understand that you are to notify your immediate supervisor if you are experiencing any problems in the performance of any duties within your restrictions, and your supervisor will contact the Workers Compensation Coordinator. You are responsible for notifying your supervisor of any time off or modifications to your work schedule. If you are working in any other department or state agency, you will inform the immediate supervisor of that department or state agency of modifications to your work schedule. We are obligated to inform injured employees that failure to accept a modified work position that is approved by a medical provider may result in termination of wage loss benefits.

Supervisor Statement:

The assigned job duties are based on the treating physician’s medical restrictions. If I or the employee has any questions regarding medical appropriateness of these job duties, I will contact the doctor immediately.

Supervisor Signature/Date

Employee:

- I accept the position. I have read and understand this temporary assignment. I agree to work within the restrictions listed. If I have any questions or feel I am being asked to work beyond my capabilities, I will notify my supervisor immediately.
- I do not accept the position.

Employee Signature/Date

Date:

Dear (Medial Provider)

The State of North Dakota has implemented a proactive Transitional Duty Program for our employees who are injured on the job. All State agencies are involved with this program and when possible will temporarily modify an employee's regular job requirements or provide alternative work while an employee is recovering from an injury. An inter-agency pool of temporary transitional duty jobs has been established that will accommodate most temporary physical restrictions if an agency cannot provide alternative work.

The length of this transitional duty is 90 calendar days unless the employee is performing most of their regular job functions. The employee will receive their regular wage during the performance of transitional duty which will be pro-rated if less full time work is performed. Part time positions are available if necessary and accommodations for medical appointments will be made.

A job description of the employee's regular position will be provided for your review. Please note which duties need to be eliminated or transitional and the specific medical reason for this. If you believe that this employee will have permanent restrictions or will not be able to return to their regular job with 90 days, please provide documentation to support this.

We share the common goal of seeing this employee fully recovered and return to regular work as soon as possible. We plan to focus on abilities, not disabilities, in providing temporary transitional duty and respectfully request your support and communication in this regard.

Please complete the C-3 Form at the time of each appointment. Our employees are required to deliver this form to their supervisor after every appointment so that suitable job tasks can be identified or modified as needed. An alternate form is acceptable if it provides similar information.

If you have any questions, please feel free to contact us as noted below.

Thank you.

Contact Person: _____

Phone number: _____

STATE OF NORTH DAKOTA
GUIDELINE FOR TRANSITIONAL DUTY PROGRAM

EMPLOYEE NAME:	
CLAIM NUMBER:	INJURY DATE:
EMPLOYER NAME:	

All parts of this checklist must be completed with “date accomplished” or not applicable” and once completed filed with the Risk Management Workers Compensation Program Manager (RMWCPM). If you have any questions, contact your agency’s workers compensation contact or Risk Management.

REPORTING	
	DATE COMPLETED
Incident Report completed by Employee as soon as possible after incident, but not more than 24 hours. Filed Online with Risk Management.	
Supervisor’s Accident Investigation completed (immediately if possible, not later than 24 hours). Obtain written witness statements if applicable.	
Sections 1 and 4 of First Report of Injury Form (SFN 2828) completed online by supervisor (if employee seeks medical treatment) within 24 hours of notification. Assist injured employee in reporting the injury to WSI.	
If the injured employee experiences lost work time, continued medical treatments, or work restrictions, obtain the injured employee’s current work abilities from the medical provider after each medical appointment to assess the injured employee’s medical status. (This will be noted on a Workability Report (C3) form-this is also referred to as the Doctor’s Report of Injury or Progress Report form).	
Forward a copy of the C3 or similar form and Supervisor’s Accident Investigation Report to the agency Risk Management Worker’s Compensation Contact and the Risk Management Office.	
Assess the injured worker’s ability to perform the tasks of his or her regular (pre-injury) job. If the regular job tasks cannot be performed, transitional (modified or alternate) work may be in order. Inform the employee that you will design transitional duties based on the medial provider’s limits, if possible, or locate an appropriate assignment from another agency. Remind the employee that the C3 or similar form must be returned within 24 hours if possible, but no later than 2 days of every medical provider visit.	

Comments:

TRANSITIONAL DUTY	
<i>(If the employee is medically restricted from returning to full duty)</i>	DATE COMPLETED
Identify transitional duty utilizing the Physical Assessment Form (C3 or similar form).	
Outline tasks in the temporary duty assignment description.	
Fax a copy of the proposed Temporary Transitional Duty assignment to Risk Management.	
Fax to medical provider. When approved by the medical provider, contact and inform the employee when he/she will be expected to report to work.	
Provide the employee with a copy of the temporary assignment description and obtain the employee's signature of acceptance of the temporary assignment.	
If the employee declines the temporary assignment, notify WSI and Risk Management.	
Maintain the original acceptance/denial of transitional duty offer in an appropriate file and send a copy to Risk Management.	

Note: Medical providers must provide work restrictions. They should not provide a physical assessment form that simply states that the employee is to stay off work. If the medical provider documents that the employee is to remain completely off work, determine if the employee is hospitalized, confined to bed rest, or immediately recovering from a surgery.

<i>(If the employee does not report as assigned)</i>	DATE COMPLETED
Notify Risk Management and appropriate agency representatives.	
Contact employee that day to determine why they did not report to work.	
Send a certified letter to the employee instructing them to return to work: and failure to do so will result in an absent without leave status, subject to progressive disciplinary procedures.	
Inform injured employee that failure to accept a modified or temporary duty assignment that is approved by a medical provider may result in termination of wage loss benefits from WSI.	

Comments:

Special Note: make a special effort to provide any assistance needed to the employee in obtaining information or assistance in the management of their claim. A caring and helpful attitude by the supervisor is very important in promoting recovery from an injury.

TEMPORARY TRANSITIONAL-DUTY ASSIGNMENT TIMELINES	
<i>Day One (first day employee reports as assigned)</i>	DATE COMPLETED
Review assigned tasks , physical restrictions based on physical assessment, work assignment and supervisor with the employee prior to beginning work.	
Remind the employee not to work beyond the established work restrictions. If you or the employee has any questions regarding restrictions or tasks, call the medical provider.	
<i>Day 30 and Day 60 (consecutive calendar days from Day One)</i>	
Update and upgrade task assignment as doctor adjusts employee's limitations. Keep in contact with the injured worker and medical provider. An injured employees work abilities should be updated every 1-2 weeks and work duties should be adjusted accordingly.	
Review each new assignment with employee prior to beginning work.	
Send update of temporary transitional-duty assignment description to medical provider for approval if significant changes have been made.	
Request WSI contact the medical provider, if no progress is noted.	
<i>Day 75</i>	
Give the employee two-week notice if the employee is not completing at least 51% of regular job duties. Send a copy of the notice to Risk Management and appropriate agency representatives.	
<i>Day 90</i>	
Keep in contact with the injured employee, the medical provider, and WSI. Arrange a call schedule with employee, specifying frequency of calls, when to call and to whom to report.	
Have employee complete Workers' Compensation Leave Options Form , if not already completed.	
If the employee is performing 51% of the job duties and is still making medical improvements, extend the transitional duty assignment in increments of 30 days as indicated. Always, identify the next date of evaluation. Do not leave it open-ended.	
Notify Risk Management in writing when the transitional duty assignment has ended.	

Comments:

I have completed the actions as required on this checklist on the dates I have indicated.

Signature/Title

Date

Physical Demand Information

Following are the descriptions of the five terms with which the Physical Demand is expressed for an 8-hour work day. A more in-depth description is provided after the table listing.

Physical Demand Level	Lifting Occurrences		
	Occasional (0-3 hours)	Frequent (3-6 hours)	Constant (6-8 hours)
Sedentary	Up to 10 lbs.	Negligible	Negligible
Light	Up to 20 lbs.	10 lbs. and/or Walk/Stand/Push/Pull of Arm/Leg controls	Negligible and/or Push/Pull of Arm/Leg controls while seated
Medium	Up to 50 lbs.	10-25 lbs.	Negligible
Heavy	Up to 75 lbs.	25-50 lbs.	10-20 lbs.

In-Depth Description

Sedentary Work

Occasionally lifting up to 10 pounds. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time.

Light Work

Occasionally lifting up to 20 pounds, and/or up to 10 pounds of force frequently. Even though the weight lifted may be a lesser amount, a job should be rated light work if: 1) the job requires walking or standing to a significant degree; 2) the job requires sitting most of the time, but entails pushing and/or pulling of arm or leg controls; and/or 3) the job requires working at a set production rate to entail constantly moving a weight less than 10 pounds.

Medium Work

Occasionally lifting up to 50 pounds, and/or moving 10 - 25 pounds frequently.

Heavy Work

Occasionally lifting up to 75 pounds, and/or frequently moving 25 - 50 pounds, and/or constantly moving 10 - 20 pounds.

Frequency Classifications:

- *Occasionally* is defined as up to one-third of the time.
- *Frequently* is defined as occurring one-third to two-thirds of the time.
- *Constantly* is defined as occurring more than two-thirds of the time.

**STATE OF NORTH DAKOTA
TEMPORARY TRANSITIONAL DUTY ASSIGNMENT**

Employee Name:	Date:
Claim Number:	Date of Injury:
Employer Name:	Department:

This assignment is available **IMMEDIATELY** for a maximum of 90 calendar days.

Supervisor's Name:	Supervisor's Number:
Duties - % Time/Shift:	
These job duties do not have the following physical requirements:	

The State of North Dakota will be able to provide *temporary transitional duty* for the above named employee. A description of the assigned duties and physical requirements are being provided for your review.

Prior to having the above named employee start this transitional duty assignment, we are requesting that the treating physician indicate their approval of this assignment by signing off on the description.

Approved Denied

If denied, please provide further recommendations.

Signature

Date

