

UCSF Transitional Work Program

Manager's Tool Kit



Contents:

- **Supervisor's Information Sheet**
Provides supervisor with an overview of the goals and philosophy of the Transitional Work Program and step-by-step instructions on how to develop a Transitional Work Plan.
- **Plan Agreement Form**
Form on which the supervisor documents the temporary arrangements made in order to allow an employee to continue to work while recovering from an injury or illness.
- **Employee Information Sheet**
Provides employee with an overview of the goals and philosophy of the Transitional Work Program and their role and responsibilities. Supervisor provides this information sheet to the employee at the time of plan agreement.
- **Physician Inquiry Instruction Sheet**
Provides supervisor with instructions on how to obtain or clarify work restrictions with an employee's health care provider
- **Physician Inquiry Cover Letter**
Cover letter to accompany the Work Status Form. Given to employee to take to their health care provider along with the Work Status Form and copy of their job description. Cover letter is a request for the physician to complete the Work Status Form.
- **Work Status Form**
Form to be completed by the physician in order to obtain or clarify employee's work restrictions.

Supervisor Information Sheet

As a supervisor, you can play a very important role in the recovery of an injured/disabled employee. One proven way of increasing a disabled employee's recovery time is by allowing him/her to return to work with temporary work restrictions. A quicker recovery period often results in a quicker return to regular job duties, which benefits both the employee and the department.

The process in which to accomplish this return to work is UCSF's Transitional Work Program. This program allows an employee with temporary work restrictions to work in a transitional position, for a defined period of time (up to 60 days), while recuperating from an injury or illness. Transitional work can be:

- Modified Work – Changing or eliminating specific job duties within the employee's regular job to meet the temporary work restrictions;
- Alternative Work – Offering the employee a position other than his/her regular job to meet the temporary work restrictions;
- Reduced-Hours Work – Offering less than full-time work to meet the temporary work restrictions.

The success of a transitional return-to-work relies on the collaborative efforts between the employee and you. Both parties need to be a part of this process to ensure success. The following is the typical Transitional Work process:

- Treating physician releases employee to transitional/temporary work.
- Treating physician provides work restrictions in writing to employee.
- Employee provides work restrictions to supervisor.
- Supervisor and employee engage in an "interactive" dialogue to discuss possible temporary job modifications, alternative work, and/or reduced-hours work.
- Supervisor and employee determine start and end date of this Transitional Work Plan.
- Supervisor completes Transitional Work Plan document once the details have been agreed upon.
- Supervisor reviews Transitional Work Plan with employee.
- Supervisor reviews "Employee Information Sheet" with employee.
- Supervisor and employee sign and date Transitional Work Plan.
- Supervisor gives copy of signed Transitional Work Plan to employee.
- Supervisor keeps copy of signed Transitional Work Plan in a separate file than employee's regular personnel file.
- Employee starts transitional work as agreed upon.
- Supervisor monitors employee's return-to-work.
- Supervisor reviews the progress of the Transitional Work Plan with employee at an agreed upon date (e.g., midpoint).

- Supervisor and employee, at the conclusion of the Transitional Work Plan, meet to discuss whether the plan should be terminated, extended, or altered.
- Supervisor can contact Disability Management Services (476-2621) for assistance during any part of this process

UCSF values its employees and their contributions; therefore, we must provide them the opportunity to return to work at the earliest feasible and medically appropriate time. Not only can this program improve the health and morale of the injured/disabled employee, it can also have a positive impact on the department, as a whole, by improving morale and decreasing turnover.

Plan Agreement

This Transitional Work Plan is to formally document the temporary arrangements made in order to allow the below named employee to continue to work while recovering from an injury or illness. The agreements made in this plan were reached through an interactive discussion between the employee and supervisor. In addition, these agreements were made to accommodate the temporary work restrictions provided by the employee’s treating physician. Attached, please find medical documentation substantiating these work restrictions. All parties understand that they need to strictly adhere to these work restrictions.

Employee: _____
Job Title: _____
Department: _____
Supervisor: _____

Transitional work assignment details (use additional pages as necessary):

This Transitional Work Plan will be from _____ to _____ (please specify dates-typically not more than 60 days unless approved by Disability Management Services).

This Transitional Work Plan will be reviewed with the employee and updated, if necessary, on the following date: _____.

It is understood that these are temporary arrangements designed to allow UCSF employees to continue to work while recovering from illness or injury. This Transitional Work Plan does NOT represent a permanent change of duties or responsibilities. It is understood that any problems that may arise during this transitional work period should be discussed openly and supportively. If assistance is needed, please contact Disability Management Services at (415) 476-2621.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Employee Information Sheet

UCSF values its employees and their contributions; therefore, the University strives to provide an injured or disabled employee the opportunity to return to temporary or transitional work as soon as his/her condition permits. Transitional work allows an employee with temporary work restrictions to work in a modified, alternative, or reduced-hours capacity, for a defined period of time, while recuperating from an illness or injury. In most cases, transitional work has a positive impact on an employee's recovery time while preparing to return to regular work.

In your particular case, your treating physician has released you for transitional work and your department can accommodate your work restrictions. Depending on the nature of your work restrictions, your transitional work may not be that different from your regular job. Your supervisor will discuss with you the details of your transitional work plan. These details will be documented in a Transitional Work Plan so that your department and you will both have a clear understanding of your job duties and/or work restrictions. Please remember that this is not a permanent position; it is only temporary.

If your transitional job is full-time, you will receive your regular pay and benefits during your transitional assignment. If you have been released to work only on a part-time basis, your pay, benefits, and hours will be adjusted accordingly. Your department benefits representative can help you determine how your pay and benefits will be affected if you return to work on a part-time basis.

To ensure a successful Transitional Work Plan, your cooperation is vital. You need to be an active participant in this program to make it work. Therefore, the following provides some guidelines for you to follow:

- Follow the work restrictions recommended by your physician. If asked to perform a task that exceeds your restrictions or you feel unable to perform a task, it is your responsibility to immediately notify your supervisor.
- Follow all work and safety rules at the location of your transitional work assignment.
- Total working hours are not to exceed physician recommendations or pre-injury appointment.
- Notify your supervisor if unable to report to work for any reason.
- Attempt to schedule doctor and physical therapy appointments at time when you are not scheduled to work. If you must leave work, you must receive prior approval from your supervisor.
- Perform your transitional work in a professional and responsible manner, as if it was your regular position.

- Notify your supervisor immediately, and provide medical documentation, if your physician:
 - Takes you off of work
 - Changes your work restrictions
 - Releases you to your regular position without work restrictions

If you have any questions or concerns with this Transitional Work Program, please contact your supervisor or Disability Management Services at (415) 476-2621.

Physician Inquiry Instruction Sheet

As a supervisor, there may come a time when you will need to obtain clarification concerning an employee's work restrictions. While you should not directly contact an employee's health care provider, you can request the employee to obtain this information for you. The two documents which follow this information sheet can assist you in this process.

Physician Inquiry Process

- Complete the general information/identification sections on both the Physician Inquiry Cover Letter and the Work Status Form.
- Obtain a copy of the employee's job description.
- Inform the employee that you need further clarification concerning his/her work restrictions.
- Give the employee the Physician Inquiry Cover Letter, Work Status Form, and job description.
- Ask the employee to take these documents to his/her physician for completion.
- Inform the employee that his/her physician should complete the Work Status Form and return to the employee.
- Inform the employee that once returned by the physician, s/he should then submit the Work Status Form to you.

Physician Inquiry
Cover Letter

Date: _____

To the health care provider for _____:

UCSF is committed to providing temporary/transitional work opportunities for our employees recovering from an injury or illness. Our Transitional Work Program is designed to allow our employees to safely perform modified or alternative work within their work restrictions while they recover. As you know, allowing employees with disabilities to perform transitional work enables them to return to maximum health and productivity much faster than if required to stay off work.

This Transitional Work Program can only be successful with your participation. As our employee's health care provider, we need your input as to his/her current work capacity. Therefore, please complete the enclosed Work Status form indicating the employee's work capacities. Once completed, please give the form to your patient so that s/he can submit it to his/her supervisor for return-to-work consideration.

Thank you for your consideration with this matter. If you have any questions or concerns with this request, please do not hesitate to contact Disability Management Services (415-476-2621) in the Human Resources Department at UCSF.

Enclosure: Work Status Form

Work Status Form

(Instructions: Return this completed form to employee)

Last Name	First Name	Date of Appointment	Date of Birth
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Employee is released to return to Regular Work on (date) _____

Employee is released to Transitional (Modified) Work from (date) _____ until (date) _____

Employee May:

	No restrictions	Total hours during day					Hours at one time				
		8+	6-8	4-6	2-4	0-2	8+	6-8	4-6	2-4	0-2
<input type="checkbox"/> Stand/Walk	<input type="checkbox"/>										
<input type="checkbox"/> Sit	<input type="checkbox"/>										
<input type="checkbox"/> Drive	<input type="checkbox"/>										
<input type="checkbox"/> Bend	<input type="checkbox"/>										
<input type="checkbox"/> Squat	<input type="checkbox"/>										
<input type="checkbox"/> Kneel	<input type="checkbox"/>										
<input type="checkbox"/> Climb	<input type="checkbox"/>										
<input type="checkbox"/> Twist	<input type="checkbox"/>										
<input type="checkbox"/> Crawl	<input type="checkbox"/>										
<input type="checkbox"/> Reach	<input type="checkbox"/>										
<input type="checkbox"/> right hand	<input type="checkbox"/>										
<input type="checkbox"/> left hand	<input type="checkbox"/>										
<input type="checkbox"/> overhead	<input type="checkbox"/>										
<input type="checkbox"/> Grasp	<input type="checkbox"/>										
<input type="checkbox"/> right hand	<input type="checkbox"/>										
<input type="checkbox"/> left hand	<input type="checkbox"/>										
<input type="checkbox"/> Fine Manipulation	<input type="checkbox"/>										
<input type="checkbox"/> right hand	<input type="checkbox"/>										
<input type="checkbox"/> left hand	<input type="checkbox"/>										
<input type="checkbox"/> Use Keyboard	<input type="checkbox"/>										
<input type="checkbox"/> Push/Pull	<input type="checkbox"/>										
<input type="checkbox"/> right hand	<input type="checkbox"/>										
<input type="checkbox"/> left hand	<input type="checkbox"/>										
<input type="checkbox"/> Lift _____ lbs	<input type="checkbox"/>										
<input type="checkbox"/> Carry _____ lbs	<input type="checkbox"/>										

Number of hours per day if less than full time _____

Is employee restricted by environmental factors, such as heat/cold, dust, dampness, heights, chemicals, fumes, gases, odors, noise, vibration, etc.?
 No Yes, please explain _____

Employee is unable to work from (date) _____ to (date) _____ Follow up appointment scheduled for (date) _____

Discharged from care (date) _____

Other instructions/restrictions/comments _____

Provider Signature

Provider Name (print) and Phone #

Date