

Texas Woman's University University Regulation and Procedure

**Regulation and Procedure Name: Return to Work Non-Workers
Compensation**

**Regulation and Procedure
Number: URP: 05.470**

Policy Owner: Finance and Administration

POLICY STATEMENT

The purpose of this policy is to provide a policy for employees who have been ill or injured, for reasons not covered by a Workers' Compensation claim, to return to work following release by a healthcare provider.

If following an injury or illness an employee's health care provider has released the employee to return to work in a modified manner, it is the policy of the University to return employees to a modified/alternative, but productive, temporary assignment until they are released to full duty by their health care provider.

This policy should not be construed as recognition that an employee has a disability as defined by the Americans with Disabilities Act ("ADA") of 1990. This return to work policy will not be applied to any situation or circumstance in a manner that discriminates on the basis of race, color, religion, sex, national origin, age, sexual orientation, or disability.

APPLICABILITY

This policy is applicable to TWU Employees.

DEFINITIONS

1. "Full Duty" means performance of all duties and tasks of the position for which the employee is employed.
2. "Temporary Assignment" means performance of a temporary job assignment (up to a period of six months) that is intended to return an employee who has been ill or injured to work at less than his/her full duties if an injury or medical condition prevents the employee from working full duty. The two types of temporary assignments are modified duty and alternate duty.

3. "Modified Duty (Temporary)" means performance of all essential duties of the job but only a portion of the non-essential duties for which the employee was employed.
4. "Alternate Duty (Temporary)" means performance of the essential functions of a job or position other than the position for which the employee is employed.
5. "Family Medical Leave Act (FMLA)" means federal leave entitlement of up to 12 weeks when an eligible employee is unable to work because of a serious health condition. The absence from work must be a period of incapacity of more than three calendar days. FMLA leave is normally continuous, but may be taken intermittently or on a reduced leave schedule (See URP 05.510: Family Medical Leave Act (FMLA)).
6. "Leave Without Pay (LWOP)" means time away from work not covered by accrued or approved paid leave.
7. "Lost Time" means time spent away from work at the direction of the treating doctor as a result of a compensable injury sustained in the course and scope of employment (workers' compensation). Lost time does not include time worked in a temporary assignment.

REGULATION AND PROCEDURE

I. Processes

A. Notification of Injury or Illness

An employee who sustains an injury or illness **off the job** that results in time off from work is required to notify his/her supervisor or departmental management if the supervisor is unavailable. This notification should occur at the earliest point possible after the injury/illness or knowledge that a serious health condition exists.

B. Authorization for Leave and Lost Time

When an employee is ill or injured for a continuous period of more than three (3) days, he/she may be required to furnish the supervisor a certificate from the treating health care provider showing the cause and nature of the illness or injury. It is the employee's responsibility to obtain the documentation from the treating health care provider and to return it to

his/her supervisor. Authorization/recertification is required when requested by the Office of Human Resources.

C. *Bona Fide* Offer of Modified or Alternate Duty for Employees with Non-Work Related Injuries or Illnesses or Employees on Unpaid Leave of Absences

1. When an employee in one of these categories has a medical release for less than full duty, the University may offer modified or alternate duty on a temporary basis depending on the circumstances. The employee may accept or reject the bona fide offer of modified or alternate duty. If the employee rejects the offer and he/she is beyond the protections afforded by the FMLA, the employee is considered to have resigned his/her position.
2. Duration of Temporary Assignment: The employee will have to either return to full duty or request an ADA accommodation within six months of accepting the temporary assignment.

D. Requirement for Notification Prior to Return to Work

An employee returning from a leave of absence is responsible for contacting his/her supervisor or manager five working days in advance of his/her anticipated return to work date to discuss his/her employment status. The employee should also contact the Office of Human Resources, Benefits Department to determine if there are any benefit reinstatement issues. A release for return to work should be presented to the supervisor upon the employee's return to work. The supervisor must contact the Office of Human Resources immediately to notify the return to work coordinator of the employee's medical release and return to work date.

E. Fitness for Duty

In the event that there are questions or concern by either the employee, supervisor, or Human Resources concerning safety or health issues incumbent on the employee's return from leave, the University reserves the right to require a fitness for duty certification (medical release based on essential duties of the position) from a physician of the University's choice.

II. Responsibilities

A. Employer/Human Resources Responsibilities

1. Provide a designated return to work coordinator in the Benefits department; and
2. Coordinate the Return to Work program, procedures, and processes.

B. Supervisor/Manager Responsibilities

1. Provide a safe working environment;
2. Report any FMLA covered illness or injury to Office of Human Resources immediately upon discovery;
3. Either provide general information or refer employees to the Office of Human Resources regarding FMLA policies and procedures and return to work policy;
4. Ensure job descriptions are up-to-date and include physical activities required to do the work;
5. Provide a copy of the job description to employees on medical leave of absence for their health care provider's consideration;
6. Make every effort to develop and provide meaningful return to work opportunities;
7. Communicate weekly with the employee during the time away from work and monitor progress upon the injured worker's return to work;
8. Document such communication with the employee; and
9. Cooperate with the Office of Human Resources and the return to work coordinator in determining appropriate modified, alternate, intermittent, and/or reduced schedule duties that are available to each employee on a case-by-case basis and within the restrictions outlined by the employee's physician.

C. Employee Responsibilities

1. Know and follow safety policies and procedures;
2. Report any FMLA covered illness or injury immediately to the supervisor or departmental management if the supervisor is not

available and to the Office of Human Resources and complete required forms (See URP 05.510: Family Medical Leave Act (FMLA));

3. Obtain a copy of the employee's job description and present it to the health care provider to determine possible modified or alternate work assignments;
4. Communicate weekly with the supervisor during the time away from work and report progress and anticipated dates of return to work;
5. When released to return to work, return on the next regular shift with written release to return to work; and
6. Follow the treating doctor's orders and restrictions on and off the job.

REVIEW

This policy will remain in effect and published until it is reviewed, updated, or archived. This policy is to be reviewed once every six years. Interim review may be required as a result of updates to federal and state law or regulations, Board of Regents policies, or internal processes or procedures.

REFERENCES

[URP 05.510: Family Medical Leave Act \(FMLA\)](#)

FORMS AND TOOLS

[TWU Return to Work Medical Certification Form NonFMLA](#)

Publication Date:

Next Review: