

CITY OF SACRAMENTO

HUMAN RESOURCES POLICY INSTRUCTIONS

TOPIC: Policy Relating to Modified/
Alternative Duty

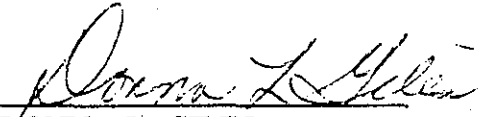
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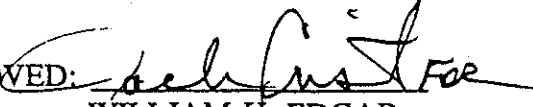
FROM: Department of Human Resources

Supersedes: New

TO: Department Heads/Division Chiefs

Section: IV-95-2


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Director of Human Resources

APPROVED: 
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CITY OF SACRAMENTO - MODIFIED/ALTERNATIVE DUTY POLICY

1. PURPOSE

To establish the City's policy on modified/alternative duty assignments for employees temporarily disabled from their regular jobs by a work-related injury or illness. The modified/alternative duty assignments are intended to be temporary in nature, and shall be based upon the employee's medical restrictions and the department's operational needs.

2. SCOPE

These procedures apply when a City employee is being treated for a work-related injury or illness and is determined by the treating or City-approved physician to be able to return to work on a temporary basis with modified/alternative duties or tasks. These procedures shall not apply to any injury or illness that is not work-related.

3. DEFINITIONS

- A. **Modified/Alternative Duty:** A temporary job assignment other than the employee's regular job classification and/or assignment.
- B. **Work Restriction:** A limitation on work duties and/or tasks determined by the employee's treating or City-approved physician.
- C. **Work-Related Injury or Illness:** A physical injury or illness which arose out of or in the course and scope of the duties of City employment.
- D. **City-Approved Physician:** A physician licensed by California, and who is treating or has previously directed the medical treatment of the employee; or, is the employee's regular physician.
- E. **Employee:** An employee having either probationary or permanent status in civil service classifications, exempt management classifications, or exempt confidential/administrative classifications.
- F. **Duty Status Report:** A written medical clearance to perform modified/alternative duty.

- G. City-assigned Physician: A medical provider licensed by the State of California who is selected by the City, and to whom the employee is referred to provide medical treatment and/or examination reports regarding the employee's work-related illness or injury.

4. ELIGIBILITY

To be eligible for consideration for modified/alternative duty an employee must:

- A. Have incurred a work-related injury or illness, while employed by the City; and
- B. Be temporarily disabled from performing the full range of duties of his or her regular job classification and/or assignment; and
- C. Be employed in any department.

5. POLICY

It shall be the policy of the City with the cooperation of all departments to, when feasible, locate and assign modified/alternative duty to employees who are temporarily disabled from their regular job as a result of a work-related injury or illness. All such modified/alternative duty assignments shall be within the limitations described by the City-approved physician. This policy is intended to maximize employee productivity and provide a therapeutic work assignment consistent with the employee's capabilities during the recuperation period, and prior to returning to his or her regular job classification and/or assignment.

- A. Medical clearance to perform modified/alternative duty as specified in the Duty Status Report, ATTACHMENT A, must be provided from the treating or City-approved physician and shall identify, in writing, the employee's limitations in sufficient detail to enable the City to determine a suitable work assignment.
- B. Modified/alternative duty assignments shall normally be within the employee's department. If no suitable temporary assignment is available within the employee's department, the Director of Human Resources, or designee, shall determine other alternatives. The Director of Human Resources, when feasible, will coordinate and effect a temporary re-assignment of the employee on an inter-departmental basis. The department to which the employee was regularly assigned prior to the injury shall provide the employee's salary and benefits.

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- C. To be referred for placement outside the employee's own department, the physician must indicate in writing that the employee will be disabled from the employee's regular job assignment for two weeks or longer.
- D. The employee will be responsible for commute transportation and parking fees while assigned to modified/alternative duty.
- E. While assigned to modified/alternative duty, the employee may be assigned the duties and responsibilities of any established classification for which the salary at Step E is no more than fifteen percent (15%) above the salary at Step E of the employee's regular job classification. In such assignment, the employee will continue to receive the base rate of pay for his/her regular job classification. In no case shall the employee be entitled to a higher rate of pay due to such modified/alternative duty assignment.
- F. Modified/alternative duty assignments shall be allocated based on the needs of the Department to which the employee is assigned. An employee assigned modified/alternative duty may be subject to schedule changes, shift changes, and/or changes of duties, consistent with the provisions of the applicable bargaining agreement.
- G. The employee shall be trained for any modified/alternative duty according to the instructions found in the City Illness and Injury Prevention Program (IPP). This training shall be documented by the employee's modified/alternative duty supervisor who shall complete and sign the "Individual Employee Training Documentation" also contained in the IPP.
- H. Prior to commencing the modified/alternative duty assignment, the employee shall be informed, in writing, of the conditions and restrictions of the modified/alternative duty assignment, ATTACHMENT B. The employee's modified/alternative duty assignment shall conform with the limitations specified on the Duty Status Report.
- I. Participation in the modified/alternative duty program is mandatory provided there are assigned duties available which are compatible with the employee's medical restrictions. Failure to cooperate with the modified/alternative duty program will result in unpaid time off until the employee is eligible to return to full duty.
- J. It is the employee's responsibility to notify his/her supervisor promptly of any change in his/her work-related medical limitations. An employee's failure to inform his or her supervisor that he or she has been medically cleared to perform modified/alternative duty, may affect payment of workers' compensation temporary disability benefits.

- K. In the event an employee disagrees with the opinion of the City-assigned physician to either return the employee to work to a modified/alternative assignment, or not to return to a modified/alternative duty assignment, he/she shall have the right to have an examination by another physician of the employee's choice at the employee's expense. In the event that the two (2) physicians' opinions are in conflict, a third opinion shall be obtained by a physician mutually acceptable to both parties. The third opinion shall be binding. Costs of such examinations shall be borne by the City only in connection with injuries incurred on the job, when the employee is required to be examined by a City-assigned physician, and for the third binding opinion.

6. PROCEDURES AND RESPONSIBILITIES

- A. The Director of Human Resources shall maintain a City-wide modified/alternative duty work pool to which employees will be assigned when modified/alternative duty is unavailable within the employee's department. In the event that modified/alternative duty assignments are available in more than one department, assignment to the modified/alternative duty work pool shall be determined by the Director of Human Resources.
- B. Each department will designate a modified/alternative duty coordinator responsible for administering and monitoring the program. The coordinator shall identify jobs/duties within the department which may be available for modified/alternative duty assignment and complete the Modified/Alternative Duty Assignment Form, ATTACHMENT C, for such assignments. This form shall be completed in full and submitted to the Director of Human Resources.
- C. Each department shall be responsible for implementation of this policy and shall instruct employees regarding modified/alternative duty.
- D. Following each visit to his/her treating physician the employee shall promptly submit the Duty Status Report to his/her supervisor.
- E. Upon receiving a Duty Status Report to perform modified/alternative duty, the employee shall hand deliver the Duty Status Report to his/her supervisor on or before the employee's next scheduled work day.
- F. During a modified/alternative duty assignment, the employee shall submit the Duty Status Report to the modified/alternative duty supervisor.

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- G. Upon receipt of the Duty Status Report, the modified/alternative duty supervisor shall immediately notify the Workers' Compensation Unit and the employee's regular department and supervisor of the employee's medical status.
- H. The employee's timecard shall be maintained by the modified/alternative duty supervisor to whom he/she is assigned. The cost center for time worked while on modified/alternative duty shall be 3404.
- I. Modified/alternative duty assignments may continue until the employee is given a full and complete release by the treating or City-approved physician to resume his/her regular job assignment, or the employee's injury or illness is determined to be permanent and stationary by the City-approved physician.
- J. The Workers' Compensation Administrator shall inform all treating physicians of the City's policy on modified/alternative duty.
- K. At least once every six months, or at the request of the appointing department the Workers' Compensation Administrator shall provide a copy of the employee's current Duty Status Report to the appointing department.
- L. Modified/alternative duty assignments shall not exceed twelve (12) continuous months, except that the Director of Human Resources shall have discretion to extend such assignments.



DUTY STATUS REPORT

ATTACHMENT A

Workers' Compensation Unit
City of Sacramento
921 10th Street, #302
Sacramento, CA 95814

NAME: _____

DEPARTMENT: _____

DATE OF INJURY: _____

DIAGNOSIS: _____

NAME OF PHYSICIAN: _____

NOTE TO PHYSICIAN:

The City of Sacramento makes a reasonable attempt to provide alternative duty or modified work assignments to employees injured on the job. Please consider this when checking the following.

SECTION I

It is my recommendation to assign this employee to:

- OFF DUTY - EXPECTED DATE OF RETURN TO: LIGHT DUTY _____
FULL DUTY _____
- LIGHT DUTY - EXPECTED DATE OF RETURN TO FULL DUTY _____
- FULL DUTY _____
- DATE OF NEXT APPOINTMENT _____

SECTION II

NOTE TO PHYSICIAN:

For the following section, in terms of an 8 or 10 hour day, the term "occasionally" lies within the range 1% - 33%, "frequently" between 34% - 66%, and "constantly" between 67% - 100%.

| | NOT AT ALL | OCCASIONALLY | FREQUENTLY | CONSTANTLY | | NOT AT ALL | OCCASIONALLY | FREQUENTLY | CONSTANTLY |
|------------------|------------|--------------|------------|------------|------------------------------------|------------|--------------|------------|------------|
| 1. Sit | | | | | 14. Reach Above Shoulder | | | | |
| 2. Stand | | | | | 15. Hand Moves/Grasp Right | | | | |
| 3. Walk | | | | | Left | | | | |
| 4. Bend/Stoop | | | | | 16. Carry/Lift: | | | | |
| 5. Squat | | | | | Up to 10 LBS. | | | | |
| 6. Crawl | | | | | 11 - 24 LBS. | | | | |
| 7. Climb | | | | | 25 - 34 LBS. | | | | |
| 8. Crouch | | | | | 35 - 50 LBS. | | | | |
| 9. Run or Sprint | | | | | 51 - 74 LBS. | | | | |
| 10. Push | | | | | 75 - 100 LBS. | | | | |
| 11. Pull | | | | | 17. Struggle With Resisting Person | | | | |
| 12. Kneel | | | | | 18. Operate Motor Vehicle | | | | |
| 13. Balance | | | | | 19. Typing/Computer | | | | |

Other Comments _____

Signature of Physician: _____ Date: _____

Original - Workers' Compensation Unit

Yellow - Department

Pink - Physician

CONDITIONS AND RESTRICTIONS OF
MODIFIED/ALTERNATIVE DUTY ASSIGNMENT
FOR

NAME OF EMPLOYEE

USUAL AND CUSTOMARY ASSIGNMENT DATA

CLASSIFICATION _____
SUPERVISOR _____
DEPARTMENT/DIVISION _____

MODIFIED/ALTERNATIVE DUTY ASSIGNMENT DATA

JOB DESCRIPTION _____
SUPERVISOR _____
DEPARTMENT/DIVISION _____

The above parties agree to a modified/alternative duty assignment as follows:

The period of this assignment shall be from _____ to _____ , and may be extended based upon the restrictions outlined by the treating physician and/or the needs of the department.

SIGNATURES:

EMPLOYEE _____
SUPERVISOR _____

- cc: Workers' Compensation Unit
- Appointing Department
- Modified/Alternative Duty Department
- Employee

MODIFIED/ALTERNATIVE DUTY ASSIGNMENT FORM

JOB BANK POSITION REQUEST

Department/Division _____

Location _____

Supervisor _____

Job Title _____

Months Available J F M A M J J A S O N D

Days Available S M T W T F S

Hours Available _____ to _____

General Description of Duties _____

Physical Requirements for Position _____

Minimum Qualifications _____

Requested by _____ Date _____

Keep on file until _____

cc: Modified/Alternative Duty Department
Human Resources Department
Employee