

Transitional Work Program

Supervisor's Tool Kit



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Supervisor Information Sheet

UC Berkeley values its employees and their contributions; therefore, we must 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. 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.

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

UC Berkeley's Transitional Work Program is how to accomplish your employee's return to work. 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, transferring, 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 program 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 Agreement.
- Supervisor completes Transitional Work Agreement document once the details have been agreed upon.
- Supervisor reviews Transitional Work Agreement with employee.
- Supervisor reviews "Employee Information Sheet" with employee and gives a copy to employee.
- Supervisor and employee sign and date Transitional Work Agreement.
- Supervisor gives copy of signed Transitional Work Agreement to employee.
- Supervisor keeps copy of signed Transitional Work Agreement in employee's medical file, separate from employee's regular personnel file.

- Employee starts transitional work as agreed upon.
- Supervisor should inform his/her DPM as to this Transitional Work Agreement.
- Supervisor monitors employee's work progress, as he/she does with his/her other employees.
- Supervisor reviews the progress of the Transitional Work Agreement with employee at an agreed upon date (e.g., midpoint).
- Supervisor and employee, at the conclusion of the Transitional Work Agreement, meet to discuss whether the plan should be terminated, extended, or altered.

Supervisor should contact Disability Management Services (510) 642-1914 or (510) 643-9316 for assistance during any part of this process.

Supervisor Tips on Transitioning an Employee Back to Work

Returning to work after a leave of absence due to an illness or injury can be a difficult transition for an employee. How easily an employee transitions back to work will depend upon a number of factors. For example, factors such as the length of the absence, the effectiveness of the accommodations, and how welcome and included the employee feels upon his/her return can all impact the ease in which an employee transitions back to work.

As a supervisor, your actions can also have a positive impact on your employee's transition back to work. Below, are a few tips you can follow to make your employee's return to work as smooth as possible.

- Prior to the employee's first day back at work:
 - Inform your staff of the employee's return to work and the specific date.
 - Do **not** disclose or discuss the employee's disability details with your staff. Simply tell your staff that the employee is returning to work from his/her leave of absence.
 - If the employee's return to work impacts other employees' job duties, inform them of the changes.
 - If needed, prepare and arrange for work space, computer access, phone set-up, training, re-orientation, etc.
 - If needed, arrange for a computer workstation evaluation by contacting your department's computer workstation evaluator. If your department does not have an evaluator, please contact Disability Management Services (510) 642-1914 or (510) 643-9316 for assistance.

- On the employee's first day back at work:
 - Personally greet and welcome the employee back at work.
 - Introduce the employee to new staff members, if any.
 - Re-orient the employee to your department if there have been any organizational and/or procedural changes.
 - If you have not already done so, review with the employee the completed Transitional Work Agreement and the "Employee Information Sheet."
 - Ask the employee to sign and date the agreement.
 - Remind the employee that his/her health/safety is the primary concern; therefore, if he/she is asked to perform a task that exceeds his/her work restrictions or he/she feel unable to perform a task, he/she should immediately notify you.
 - Reassure the employee that his/her disability details have not been shared with his/her co-workers and that he/she should not feel compelled to do so.

- While the employee continues to work:
 - As you do with your other employees, periodically check-in with the employee to see how he/she is doing.
 - Meet with the employee on the agreed-upon date (e.g., midpoint) to formally note his/her progress.

Transitional Work Agreement

This Transitional Work Agreement is to document the temporary arrangements made in order to allow the employee named below to continue to work while recovering from an injury or illness. The purpose of this agreement is to facilitate recovery, prevent deterioration of work skills, and return the employee to work as soon as medically possible. The agreements made in this plan were reached through an interactive discussion between the employee and supervisor. These agreements were made to accommodate the temporary work restrictions provided by the employee's treating physician. Attached, please find medical documentation stating these work restrictions. All parties understand that they need to strictly adhere to these work restrictions.

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

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

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

This Transitional Work Agreement will be reviewed with the employee and updated, if necessary, on the following date: _____ (e.g., midpoint date).

Employee confirms that he/she received a copy of the Employee Information Sheet

Initials

*It is understood that these are temporary arrangements designed to allow UC Berkeley employees to continue to work while recovering from illness or injury. This Transitional Work Agreement does **NOT** represent a permanent change of duties or responsibilities. It is understood that any problems that may arise during this transitional work period shall be discussed between the supervisor and employee. If assistance is needed, please contact Disability Management Services at (510) 642-1914 or (510) 643-9316.*

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Employee Information Sheet

UC Berkeley 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 on a temporary basis, 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 or may not be that different from your regular job. Your supervisor will discuss the details of your transitional work plan with you. These details will be documented in a Transitional Work Agreement so that your supervisor and you will both have a clear understanding of your job duties and/or work restrictions. Please understand that this is not a permanent change in your position.

If your transitional job is full-time, you will receive your regular pay and benefits during your transitional assignment. If you have only been released to work on a part-time basis, your pay, benefits, and hours will be adjusted accordingly. Please see your department benefits representative to 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 Agreement, 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 by the start of your shift if you are unable to report to work for any reason.
- Try 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, just as you would in 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 (510) 642-1914 or (510) 643-9316.

Health Care Provider 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.

Health Care Provider Inquiry Process

- Complete the general information/identification sections on both the Health Care Provider Inquiry Cover Letter and the Work Status Form.
- Obtain a copy of the employee's job description noting essential job functions and PEM form.
- Inform the employee that you need further clarification concerning his/her work abilities and/or restrictions.
- Give the employee the Health Care Provider Inquiry Cover Letter, Work Status Form, and job description with PEM form.
- Ask the employee to take these documents to his/her Health Care Provider for completion.
- Inform the employee that his/her Health Care Provider should complete the Work Status Form and return to the employee.
- Inform the employee that once returned by the Health Care Provider, he/she should immediately return the Work Status Form to you.

Health Care Provider Inquiry Cover Letter

Date: _____

To the Health Care Provider for _____:

UC Berkeley 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.

When responding to this request, please know that:

"The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services."

We would appreciate your response by _____.

If you have any questions or concerns with this request, please do not hesitate to contact Disability Management Services (510-642-1914 or 510-643-9316) at UC Berkeley.

Thank you for your consideration of this matter.

Enclosure: Work Status Form
 Job Description
 PEM

Work Status Form

(Instructions: Return this completed form to employee)

Employee's Last Name	Employee's First Name	Date of Appointment	
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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 able to work 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 _____

Other instructions/restrictions/comments _____

 Provider Signature
 UHS-Disability Management Services (5/11/11)

 Provider Name (print) and Phone #

 Date