

FLORIDA ATLANTIC UNIVERSITY WORKERS COMPENSATION RETURN TO WORK PROGRAM

APPLICABILITY/ACCOUNTABILITY:

In compliance with statutory requirement, this program provides general guidelines for employees who are receiving workers' compensation benefits and have been released to return to work with functional restrictions and limitations, as indicated on the Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form (DWC-25).

PROGRAM STATEMENT:

Florida Atlantic University is committed to the safety and well-being of all employees. In keeping with this commitment, Florida Atlantic University has developed a return-to-work program for employees who sustain a workplace injury. This return-to-work program will provide modified duty and/or alternate duty assignments, where possible, that accommodate the functional restrictions and limitations as determined by the authorized treating physician, and will bring the employee back to work as quickly as medically possible.

DEFINITIONS:

Alternate Duty: Temporary duties that are different from the employee's regular work area/responsibilities and are within the "functional limitations and restrictions" stated on the DWC-25. Alternate duty is evaluated with each subsequent physician visit when functional restrictions are updated.

Authorized Treating Physician: A physician who is authorized by a nurse case manager or adjuster to provide medically necessary treatment to an employee who sustains a job-related injury.

Days: Calendar days.

Employee Return-to-Work Notification: Form signed by the supervisor and the employee, which specifies the employee's temporary alternate or modified work assignments and the employee's responsibilities and obligations related to program participation.

Essential Functions: The basic job duties that an employee must be able to perform with or without reasonable accommodation.

First Report of Injury or Illness (DWC-1): The Division of Workers' Compensation Form used to report a worker related injury or death.

Functional Limitations and Restrictions: Identification of the employee's ability or lack of ability to perform stated activities and the degree to which these activities may be performed.

Injured Worker or Employee: An employee who sustains a job-related injury or illness. The employee has the responsibility of meeting all scheduled medical appointments and returning to work following each appointment, except when the authorized treating physician provides a medical diagnosis that prevents the employee from returning to work and is documented on the DWC-25.

Injury:

medical care provider and upon implementation of an Employee Return to Work Notification in consultation with the Department of Human Resources.

Employees must provide their employing department and the Department of Human Resources with a current, active phone number where the employee can be reached.

Employees must notify the Workers' Compensation Coordinator in the Department of Human Resources immediately upon release to return to work, so that the appropriate arrangements can be made. Alternatively, the Workers' Compensation Coordinator will notify the employee and the supervisor as soon as a DWC-

The University Safety Committee will be advised, during established Safety Committee meetings, of all on-going Workers' Compensation cases that involve participation in the Return to Work Program.

Exit Process:

The employee's status will be reviewed and evaluated following each doctor's visit, the receipt of a new or updated DWC-25, or the expiration of an Employee Return to Work Notification period, if applicable. Participation in this program is intended to be temporary and may be terminated at any time by the University based on the determination that the department is no longer able to provide modified or alternate duty. Alternatively, the employee will exit the program when the employee is placed at maximum medical improvement, with or without restrictions, by the authorized treating physician, or the current functional limitations and restrictions no longer prevent the employee from performing his or her normal job duties.

At the conclusion of the temporary modified or alternate duty period, or when the employee is determined to have reached maximum medical improvement, a decision will be made by the employee's primary department in consultation with the Department of Human Resources, based on any documented functional limitations and restrictions, to: return the employee to workers' compensation leave status; return the employee to their full job responsibilities; move the employee to another appropriate and available position, with or without reasonable accommodation; request the employee's resignation from the University due to inability to perform the essential functions of their position; or terminate the employee from the University due to inability to perform the essential functions of their position.

COMMUNICATION:

The Workers Compensation Return to Work Program will be communicated to new employees, current employees, and supervisors on an on-going and regular basis, through a variety of forms of communication including New Employee Orientation, FAU Announcements, MyFAU, and HR Weekly.

**FLORIDA ATLANTIC UNIVERSITY
RETURN TO WORK PROGRAM
EMPLOYEE NOTIFICATION**

Date: _____

Employee: _____

Employee ID: Z_____

Department: _____

Supervisor: _____

As a result of a work related injury on _____, the employee's health care provider has identified the **following restrictions** which are reflected on the most recent DWC-25 form, dated _____. (include duration of restrictions if applicable)

Restrictions: _____

The employee has been assigned the following **modified or alternate duty assignments** in keeping with the identified restrictions:

Alternate or
Modified Duty Start Date: _____

Alternate or
Modified Duty Work Hours: _____

Alternate Duty Department: _____
(If different from primary position)

Alternate Duty Supervisor: _____
(If different from primary position)

Conditions: The following conditions are part of this notification:

Participation in this program is intended to be temporary and may be terminated at any time by the University.

The employee will adhere to the restrictions identified by the medical provider.

The Return to Work Notification form will be reviewed and evaluated following each doctor's visit and the receipt of a new DWC-25. If necessary, the modified or alternate duties may be changed or discontinued.

Continued participation in the Return to Work Program will be based on the employee's job performance and progression through medical treatment as well as the availability of suitable modified/alternate work.

Failure to comply with this Return to Work Notification may result in disciplinary action up to and including termination.

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

cc: Employee; Supervisor; Workers' Compensation File