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**Policy: 2021004**

**Date in Effect: 06/01/21**

## **LIGHT DUTY POLICY**

### **Purpose**

The City of Findlay "City" considers employees to be its most valuable asset. Therefore, it is the policy of the City to encourage employees to return to work following an injury or illness as soon as authorized by a health care provider. In the event an employee cannot return to work without restrictions, the City may make available, within the limitations of this policy, modified work assignments that accommodate the work restrictions ordered by the health care provider.

The primary goals of this policy are to:

- A. Assist the recovery process by providing a focus and a goal for return of the injured employee,
- B. Benefit employees by allowing resumption of full wages as soon as possible, and
- C. Benefit the City and its employees by reducing Workers' Compensation and retraining costs.

Human Resources shall be notified immediately when an employee is given work restrictions which require a modified work assignment. Human Resources will coordinate communication efforts between the employee, the health care provider, and Workers' Compensation (if applicable). The Human Resources Director will consult with the department head or designee to determine whether a modified assignment is appropriate. Human Resources will also assist in exploring light duty assignments if the search for a modified assignment extends beyond the employee's original department.

An employee who returns to work on a modified assignment that results in fewer hours worked than normal could still be eligible for some compensation from Workers' Compensation. Such payments are subject to the regulations that govern time loss and loss of earning power payments. In such cases, employees are not eligible to work hours that would cause them to exceed pay for more than an 80 hour pay period.

### **Definitions**

- A. Work-Related Injury means a disability resulting from an accident that arises out of and in the course of the employee's job.
- B. Off-The-Job Injury means an injury/illness that is not related to the employee's employment.
- C. Restricted/Modified Duty means modified job requirements to meet short-term disabilities as prescribed by the health care provider.

The Light Duty Policy creates a temporary work assignment for an injured individual. It is not a guarantee of permanent continued employment. If at any time during the period it is determined that the employee will be unable to perform the essential job functions of his or her regular job at the conclusion of the temporary disability period, the City will re-evaluate the employee's light-duty assignment.

An injured employee has the right to turn down a modified assignment. However, since Workers' Compensation requires an injured worker to actively participate in all return-to-work activities while receiving benefits, the



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worker's medical and temporary disability compensation benefits may be suspended if a modified assignment is declined.

An injured employee will be paid his/her regular rate of pay during any modified assignment period. Any benefits applicable to the employee would be paid as if the employee was working his/her regular job.

Provided that work is available, the City will make every reasonable effort to seek modified assignment opportunities for all employees who are temporarily disabled due to an injury or illness, and to return employees to work as early as medically possible. When more than one person is available for light duty, work-related injuries will be considered first.

An employee on a restricted duty assignment may fill an existing vacancy, cover for vacations, complete a project or assignment which has not been done due to a workload backlog or staffing shortage, or a combination of these. Other than for the purpose of performing essential duties as approved by the department head or designee, an employee is not eligible to work hours that would result in overtime compensation during a restricted duty assignment.

## **Medical Networks**

- A. Network shall include a sufficient number of physicians to provide timely treatment.
- B. Employer or insurer has exclusive rights to decide which providers are in network.
- C. Only a licensed physician in the appropriate scope of practice may modify, delay or deny a request for authorization for treatment.
- D. Provides that after the first visit, you, the injured worker, have the right to choose a doctor within the medical network.
- E. The network authorizes the injured worker to obtain a second and third medical opinion in appropriate specialty within the network if they dispute diagnosis or treatment prescribed by the treating physician.
- F. The network physician authorizes out-of-network specialist treatment if approved by the employer or the insurer.
- G. The City may at any time require a second opinion of the employee's condition provided by a physician of the City's choice and at the City's expense.

## **Job Descriptions**

It is necessary for every employee at the City to have a job description on file defining the essential job functions. Each description must clearly detail in writing the essential job duties and responsibilities required.

Job descriptions are used during Workers' Compensation claims to alert the physician of what kind of physical conditioning is expected of the employee once he/she returns to work. Providing a proper job description allows the physician to more properly prepare the injured employee for rejoining the workforce. Without a clear detailed description of the injured employee's tasks, the physician may be more cautious and extend the length of the Workers' Compensation disability.

## **Work Standards**

An employee on a Light Duty assignment is subject to all rules, regulations, work standards, policies and procedures of the City.

- A. Employees on light duty are required to follow the policies and procedures of the department to which they are assigned.
- B. If the employee is placed on light duty outside his/her normal work area, the reporting supervisor is responsible for assuring that actual hours worked, leave taken, etc., are reported to the employee's original supervisor.
- C. Work assignments under light duty employment must be done in an acceptable manner and meet the requirements of the job.

### Employee's Responsibilities

Upon release by a health care provider to return to work on a light duty/modified assignment, it is the employee's responsibility to submit written documentation of the release and any accompanying restrictions to his/her supervisor. Additionally, the employee must:

- A. Participate as an active member of the modified assignment/return to work team to establish a work plan. This work plan will include an expected date that the employee will be able to return to work without restrictions.
- B. Work with his/her health care provider to receive periodic updates to the work restrictions and a schedule for transition back to full/regular duties.
- C. Accept a modified assignment which meets the limitations specified by the health care provider. In the event of any dispute as to the employee's ability to perform the available work offered by the City in situations involving on-the-job injuries, the Authorized Occupational Medicine Physician will make the final determination.
- D. An employee who attempts to return to work and finds that the injury or illness prevents him/her from continuing the modified assignment should immediately consult with his/her health care provider.

### Supervisor's Responsibilities

The Supervisor will keep the Human Resources Director apprised of any changes in the employee's restrictions by the health care provider or any changes in work assignments.

### Coordination with FMLA

Nothing in this policy should be construed as denying employees their rights under the Family Medical Leave Act or any other federal or state laws. It is the City's policy to designate an employee's leave due to a work-related injury or illness as FMLA leave. Employees entitled to FMLA leave can voluntarily accept light-duty assignments while they are recuperating, but they cannot be required to do so. Employees who lose their Workers' Compensation benefits as a result of declining a light-duty assignment may substitute available paid leave benefits for unpaid FMLA leave. If a light duty request is not approved, employees must use sick leave, vacation leave, personal leave, or leave without pay if no other leave exists.

Director of Law Review \_\_\_\_\_

Human Resources Director \_\_\_\_\_

Mayor \_\_\_\_\_



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Appendix A

**Pre-Designated Physician Form**

Should I have a work- related injury or illness, I \_\_\_\_\_ choose to be treated by the following medical provider:

Name of Doctor: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I understand that pre-designating is only available if the following requirements are met:

1. My employer provides group health coverage;
2. The physician I select is my primary care MD or DO who has previously directed my medical treatment; and
3. The physician I select agrees to be my pre-designated physician.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date



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Appendix B

**Letter to Treating Physician**

May 27, 2021

[Doctor's Name]  
[Doctor's Address]

Subject: (Employee's name and date of injury)

Dear Dr. \_\_\_\_\_:

Our Company has implemented a return to work program designed to return any injured employee to medically appropriate work as soon as possible.

Enclosed is a detailed job description for the regular job of the employee named above, which may be modified, if possible, to meet medical restrictions that may be assigned. If our employee is unable to return to his or her regular job, we will attempt to find an appropriate alternate work assignment. We will ensure that any assignment meets all medical requirements. We will consider re-arranging work schedules around medical appointments if necessary.

If you need additional information about a possible work assignment or about our return to work program, please call the City of Findlay Human Resources Director at 419-424-7123.

Thank you for your participation in our efforts to return our employees to a safe and productive workplace.

Sincerely,

Title



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Appendix C

**Return to Work Employee Status Form**

**Employee Instructions:** Return this form to your supervisor/manager immediately after each visit to your health care provider.

**To:** \_\_\_\_\_ **Re:** \_\_\_\_\_  
Examining Health Care Provider Name of Insured Employee

**From:** \_\_\_\_\_  
Name of Company Social Security Number

It is our desire to assist our employee and your patient to return to work as soon as possible and to assist him/her in performing essential job functions at this company. The information you provide on this form is vital to us regarding the following:

- A. The employee's working without risk of further injury;
- B. Provision of a temporary duty assignment if necessary that meets the employee's needs and the needs of the company; and
- C. Provision of any temporary reasonable accommodations to aid the employee in performing his/her duties.

If you have any questions regarding the information requested on this form, please contact me.

\_\_\_\_\_  
Name and Title Phone Number



Appendix D

-----To Be Completed by Physician-----

*Please see the following page for physical requirements of the employee's duties.*

The injured employee's medical condition resulting from this worker's compensation injury will allow the employee:

**Full Duty** (without restrictions):

\_\_\_\_\_ **Beginning Date**

**Temporary Assignment** (modified or alternate duty):

\_\_\_\_\_ **Beginning Date**

Estimated length of temporary Assignment:

Full-time       Part-time \_\_\_\_\_ hours per day

*Please indicate all restrictions to duty on the following page.*

**Off Work** until re-evaluated, beginning date: \_\_\_\_\_

Date of next office visit: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date



Appendix E

**Employee Restrictions to Return to Work**

The physical requirements below marked with an "X" are those required of the employee in performance of his/her duties. Please mark the indicated column with a response of "Yes" if the employee can accomplish that specific task.

**\*Duty and Essential**—Supervisor/Manager indicates applicable duties with an "X."

**\*Yes or No**—Marked by Health Care Provider for each duty indicated by Supervisor/Manager.

Duty	Essential	Requirements	Yes	No	Duty	Essential	Requirements	Yes	No
		Lifting 51 lbs. and up					Simple grasping		
		Lifting 26-50 lbs.					Power grasping		
		Lifting up to 25 lbs.					Simultaneous grasping		
		Carrying 51 lbs. & up					Squeezing		
		Carrying 26-50 lbs.					Driving motor vehicle		
		Carrying up to 25 lbs.					Operating mechanical equipment		
		Bending					Type:		
		Stooping					Operating office equipment		
		Kneeling					Type:		
		Crawling					Speaking		
		Standing					Hearing		
		Squatting					Ability to type		
		Climbing stairs					Ability to see		
		Climbing ladders					Depth perception needed		
		Twisting					Ability to write		
		Pulling					Ability to read		
		Pulling hand over hand					Vibration		
		Pushing					Noise		
		Sitting					Extreme heat		
		Walking					Extreme cold		
		Work on elevated surface					Wet and/or humid		





Duty	Essential	Requirements	Yes	No	Duty	Essential	Requirements	Yes	No
		Work on uneven ground					Chemicals		
		Work at low position							
		Reach above shoulders							
		Reach below shoulders							
		Must be able to intervene with individuals in combative or aggressive situations in an emergency.							
		Must be able to perform Cardiovascular Pulmonary Resuscitation (CPR) in an emergency.							
		Other specified by Supervisor/Manager							

Please specify any and all other restrictions to duty:

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