

## Title: Return to Work

### Control Information

Control Item	Details
Owner/Curator	Melissa Harris
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### Revision History

Revision	Date	Revision Description	Originator
A	2/12/2015	Initial Release	Melissa Harris

## **1.1. Objective:**

The objective of this policy is the following:

- 1.1.1. To help determine when an employee is able to return to work based on the requirements of the injury, limitations of the law, limitations of the school and requirements of the insurance provider.
- 1.1.2. To describe options available if the employee is unable to return to work.

## **1.2. Eligibility to Return to Work**

- 1.2.1. The school will make efforts on a case-by-case basis to return ill or injured employees to work. The decision to return an employee to work will be made within the requirements of the injury, limitations of the law, limitations of the school and requirements of the insurance provider.
- 1.2.2. To ensure that the employee is able to return to work and safely perform the tasks in their job description, the employee may be required to obtain a fitness for duty from their physician (see the Fitness for Duty Certification Form at the end of this policy).

## **1.3. Employee Inability to Return to Work**

- 1.3.1. In the event that an employee is unable to perform essential job functions after an illness or injury, the school will determine whether reasonable accommodations can be made to provide temporary light duty assignments and/or restructuring of job requirements to include modified workdays, part-time work, hours of work or modifications in facilities, equipment, special aids or services. Reasonable accommodations must not result in an undue hardship on the school.
- 1.3.2. If an employee cannot be reasonably accommodated in his/her current job, the school will review alternative assignments. The employee, if qualified, will be offered an available vacant position with or without reasonable accommodations.
- 1.3.3. If no other assignment is possible, the school will provide unpaid leave if recovery is ongoing and paid leave is exhausted in accordance with PolicyHR00027.

## FITNESS FOR DUTY CERTIFICATION FORM

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

Employer: Muddy Creek Charter School

### Health Care Provider Completes this Section

Health Care Provider's Name: \_\_\_\_\_

Health Care Provider's Contact Information: \_\_\_\_\_

**Instructions:** Please complete all sections in order for the school to determine if the employee is able to return to duty. The employee's position description or a list of essential duties is attached to this form.

- Employee is **able** to return to work full-time without restrictions, effective beginning: \_\_\_\_\_
- Employee is **unable** to return to work full-time without restrictions at this time. The following restrictions apply:
  - Employee will be able to return to work without restrictions on (date): \_\_\_\_\_
  - Employee is unable to perform the physical requirements of their job.
  - Employee is medically incapacitated (circle one):    Totally    Partially\*

\*If partially medically incapacitated, complete the following:

- Number of hours per day employee is able to work: \_\_\_\_\_
- Number of days per week employee is able to work: \_\_\_\_\_
- Employee must observe the following restrictions while at work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of health care provider

\_\_\_\_\_  
Date