



Environmental Health and Safety
(360) 650-3064 □ Fax (360) 788-0947

ES 72C, Mail Stop 9070
Bellingham, WA 98225-9070

SAMPLE TRANSITIONAL RTW REGULAR HOURS REDUCED DUTIES

//**

IW address

Dear Worker,

We have been advised that you are released for temporary transitional duty. It is good to hear that you are improving. As you have not yet been released to perform all of the essential functions of your job the University would like to offer you a transitional return-to-work position. A decision regarding your return to your regular job will be made upon receipt of additional information from your attending physician.

In accordance with your doctor's restrictions you will be working your regular hours with the following restrictions on activity-----. Your duties will be as follows-----. Your working hours, rate of pay, and benefits will be those which are current for your regular position.

The supervisor for this position will be _____. If you have any difficulties in the performance of your job please notify him/her immediately. Your anticipated start date is **/**/**. Please return the form at the bottom of this letter with your signature by **/**/** advising whether you accept this position. This transitional position will be in effect until **/**/** and will be re-evaluated at that time according to updated information from your doctor.

Information about Transitional Return-to-Work (RTW)

The purpose of the transitional RTW program is to minimize the impact that missing work can have on you and the University. The program provides support to you while you are unable to perform regular work duties due to your injury or illness and helps you return to your regular duties as soon as possible. Returning to regular work at the earliest opportunity helps you reduce the financial, social, and emotional impact that can be a result of being away from work. It also reduces disruption caused by the need for the University to adjust to the loss of your valued skills and abilities.

Transitional RTW positions may be developed around the following- restricted duties, restricted hours, duties outside of your normal job duties that are within your restrictions and further the work of the department and/or the university, or combinations of the above.

Developing and maintaining a transitional RTW position involves collaboration between you, your doctor, your supervisor, your department, Human Resources, and the Return-to-Work coordinator.

Acceptance of a transitional RTW position causes no permanent changes to your regular job description or the essential functions of your regular position. These positions are temporary in

Worker Name

Date

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nature and last no more than 90 days. Extensions may be allowed by agreement of you, your department, and Human Resources.

No precedent is set by accepting a position as each transitional RTW position is designed to meet the unique and specific concerns of your temporary work restrictions and the existing working needs of the department and/or the university.

Since each transitional RTW situation is unique no guarantee can be made by the University that your department will have available transitional RTW duties. In addition, transitional RTW positions may be terminated at any time the department is unable to provide work due to changes in your restrictions or the availability of transitional duties.

What Should I Expect?

You may expect:

- A transitional RTW position that involves work which recognizes your value to the University.
- The support of the University and your department in your efforts to transition back to full duty.

What Are My Responsibilities?

You are responsible for:

- Fully participating in your recovery. Participation in this program will assist you in that recovery.
- Working within, and not exceeding, the activity restrictions set by your doctor.
- Refusing any request to work outside your restrictions.
- Immediately reporting, to your supervisor or the Return-to-Work coordinator, any pressure to work outside of your restrictions.
- Immediately providing your supervisor and the Return-to-Work coordinator with a copy of any updates to restrictions from your doctor.
- Immediately reporting to your supervisor any difficulty performing duties listed in the transitional RTW position.
- Working with your doctor, your supervisor, and the Return-to-Work coordinator to quickly resolve any difficulties with the transitional RTW position.

We look forward to your return and hope that your recovery continues to go well. If you have any questions please do not hesitate to call me at the number listed below. If you should have any questions about your benefits (if eligible) during this time please contact Faculty/Staff Benefits at 360-650-7314.

Sincerely,

Bruce Boyer

Workers' Compensation Manager and Return-to-Work Coordinator

(360) 650-2947

Worker name

Date

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Temporary Transitional Return-to-Work Agreement

___ I accept the temporary transitional position offered in this letter. I have read and understand the above information.

___ I decline this position. I am aware that declining a job for which my doctor has released me may result in termination of disability benefits paid by Labor and Industries.

Signature _____ Date ___/___/___