CITY OF HOUSTON

EXECUTIVE ORDER

SUBJECT **WORK ABILITY GUIDELINES**	E. O. No. **1-33** Effective Date **December 16, 2006**

1.0 PURPOSE

1.01. These guidelines are intended to provide a comprehensive approach to the coordination of all City programs, benefits, and efforts that affect employees injured-on-the-job. These guidelines supersede and rescind all prior City of Houston executive orders regarding salary continuation, injury leave, and workers' compensation. The purpose of these guidelines include:

a) Establishing a program to manage the medically safe return of a recovering employee to productive work to the maximum extent of his/her abilities on a temporary basis while recovering short or long term from an injury and while complying with all federal, state, and local laws; and

b) Coordinating all benefits and compensation programs for recovering employees whether short or long term.

1.02. The programs and the corresponding objectives included within these guidelines are:

- Human Resources Administration of the Workers' Compensation Program – Section 4.0
  - To establish set complementary guidelines for the coordination of responsibilities for the provision of benefits to recovering employees to maximize savings through the coordinated efforts of the Third Party Administrator ("TPA"), the Human Resources Department ("HR") Workers' Compensation Division, and City of Houston ("City") departments to ensure appropriate quality treatment (ensure treating physicians specialty matches the medical diagnosis; ensure that treatment is within the established treatment guidelines), an expeditious recovery, punctual payment of benefits, and a prompt return to work.

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- Salary Continuation/Accrued Leave Compensation – Section 5.0
  - To establish uniform procedures for supplementing state-mandated workers' compensation benefits through City-authorized payments to eligible recovering employees.

    The intent of salary continuation is to promote a safe and early return to work.

- Case Management – Section 6.0
  - To establish a mechanism and procedures to facilitate a recovering employee's timely return to work through early intervention efforts; oversight and direction of contracted case managers, vocational rehabilitation specialists, and claim handlers; site visits; contact with recovering employees; and follow-up with medical providers, supervisors and Designated Department Representatives ("DDR") in order to reach the City's objective of maintaining a productive workforce for the efficient delivery of services to the citizens of the City.

- Transitional Duty Assignments – Section 7.0
  - To establish procedures for implementation of a transitional duty program based upon the City's commitment by allowing a recovering employee with restrictions to return to gainful employment with the goal of returning to full duty, to maintain a productive work force and to ensure the safe and efficient delivery of services at the most economical cost to citizens of the City.

- Disciplinary Action – Section 8.0
  - To ensure compliance with these procedures and the maximum extent of implementation and enforcement of these guidelines through the use of uniform discipline.

- Long-Term Options – Section 9.0
  - To establish a procedure to provide uniform guidelines for a recovering employee injured in the course and scope of his/her employment who has been on a transitional duty assignment for the maximum allowable period of time and is unable to return to his/her pre-injury full duties or if there is a determination sooner that the recovering employee cannot return to work, and ensure that all recovering employees who are incapacitated for an extended period of time (or permanently) are considered for additional benefits through City-sponsored benefit plans.

- Probationary, Seasonal, and Part-Time Employees – Section 11.0
  - To establish a procedure for transitional duty and other benefits as they apply to recovering employees who work less than full time, work only for limited durations of less than one year, or have been with the City for less than one year.

NOTE: **Workers' Compensation injuries qualify for the Family Medical Leave Act ("FMLA"). Contact your department human resources representative for further details.**

2.0 SCOPE OF EXECUTIVE ORDER 1-33

This Executive Order is applicable to all City offices, departments, divisions, and employees.

3.0 Definitions and Work Ability Guidelines-Related References:

3.01. **Accrued Leave Compensation** – The sum of money paid from accrued leave balances or other available benefits in conjunction with indemnity benefits to recovering employees who do not qualify for salary continuation until such benefits are exhausted. The balances used will not be restored to the recovering employee for future use.

3.02. **Adjuster** – An employee of the TPA who investigates and adjudicates insurance claims.

3.03. **Administrative Coordinator** – A representative of the HR Workers' Compensation Division responsible for facilitating a recovering employee's timely return to work through early intervention efforts; oversight and direction of contracted case managers, vocational rehabilitation specialists, network doctor compliance with the City's return to work procedures and claims adjusters; contact with recovering employees; and site visits to medical providers and home visits to recovering employees (supervisor will be encouraged to attend). Will assist the DDRs in locating transitional duty positions, ensure proper offer on employment is done, track lost time, transitional duty, and the medical separation process if necessary and follow-up with supervisors and DDRs.

3.04. **Approved City and Texas Department of Insurance Medical Provider** – Individual, group or facility approved by the City and the Texas Department of Insurance ("TDI") to provide treatment to recovering employees with a compensable on-the-job injury.

3.05. **Bona Fide Offer of Employment** – A written offer of a transitional duty assignment that abides by requirements set by TDI that contains work restrictions given by the approved City and TDI medical provider.

3.06. **Claims Coordinator** – A representative of the HR Workers' Compensation Division responsible for the coordination of salary continuation benefits for City recovering employees.

3.07. **Claims Reporting Service ("CRS")** – The system provided by the TPA to receive recovering employees' injury claims and to interface between the TPA and the City's HR Workers' Compensation Division.

3.08. **Confidential** – Restricted disclosure of all medical information related to any injury or occupational disease. Such information is to be revealed only to persons with a need to know in order to supervise or manage the recovering employee and coordinate leave and/or benefits.

3.09. **Course and Scope of Employment** – Performing one's assigned duties in furtherance of the City's interests as defined in Title 5, Subtitle A, Chapter 401, Subchapter B, Section 401.011(12) of the Texas Labor Code.

3.10. **Designated Department Representative ("DDR")** – The individual(s) appointed by each department head to coordinate workers' compensation and related procedures, to implement these guidelines and to be responsible for determining the recovering employee's ability to perform any or all of the essential functions of each classification/position in the department.

3.11. **Emergency Treatment** – Urgent medical treatment required for an acute medical condition resulting from an on-the-job injury.

3.12. **Fraud** – When a person knowingly or intentionally conceals, misrepresents, or makes a false statement to deny, obtain or prolong workers' compensation benefits or insurance coverage or otherwise profit from the deceit.

3.13. **Home Department** – The department to which the recovering employee is assigned at the time of an injury occurring in the course and scope of employment.

3.14. **Injury** – The damage or harm to the physical and/or neurological structure of the body and those diseases, conditions, or infections naturally resulting from damage or harm. The term also includes occupational illness that is a bodily injury or health impairment resulting from exposure to conditions of the recovering employee's physical environment and/or work area.

3.15. **Injury Leave** - Leave authorized by Section 14-226 of the Code of Ordinances and accorded to a recovering employee who sustains an injury or illness in the course and scope of his/her employment.

3.16. **Long-Term Disability** – A disability benefit of the compensable sick leave plan that compensates a recovering employee if eligibility requirements are met. Modified sick plan employees are not eligible for long-term disability.

3.17. **Maximum Medical Improvement ("MMI")** – The earliest date after which, based on reasonable medical probability, further material recovery from or lasting improvement to an injury can no longer reasonably be anticipated; or the expiration of 104 weeks from the date on which income benefits begin to accrue.

Example of Clinical MMI – Recovering employee sustained an amputation of the distal interphalangeal joint (last joint) of the right index finger in course and scope of employment. Two weeks later the recovering employee is found at MMI and the injury does not require any further medical treatment.

Example of Statutory MMI – Recovering employee sustained an on-the-job injury to lower back. Due to complications in treatment (failed back fusion due to diabetes and chain smoking) recovering employee remains on off-work status exceeding 104 weeks. By law, recovering employee is found to be at MMI given that 104 weeks from the eighth day of accrual has been reached.

3.18. **Medical Advisor** – A qualified, licensed physician retained by the City to perform medical reviews, assessments, evaluations of recovering employees for placement in transitional duty assignments, and other duties as requested by the Director of HR.

3.19. **Medical Questionnaire** – A document used to query a treating physician regarding the medical status of a recovering employee as it relates to the performance of essential functions.

3.20. **Medical Separation** – The non-punitive, non-disciplinary process of removing a recovering employee from a position of employment with the City pursuant to Section 14-185 of the Code of Ordinances or Section 143.1115 of the Texas Local Government Code.

3.21. **Overpayment** – Any payment of salary continuation, accrued leave balances, City funds or benefits which, when added to workers' compensation benefits paid, results in the recovering employee being paid more than the established salary continuation percent, as defined in section 5.0 herein, of the recovering employee's regularly paid wage/salary with longevity and/or a payment of benefits or City funds for which the recovering employee was either not eligible or paid in error.

3.22. **Pension** – Certain benefits authorized by ordinance or state law payable to eligible City employees for purposes of service or disability retirement.

3.23. **Priority Referral** – A recovering employee who has been medically separated or a recovering employee who is on long-term disability, disability pension, or transitional duty assignment who has fully recovered without restrictions or with permanent restrictions but who has sufficiently recovered medically to return to full-time productive work within two (2) years will be given a priority referral for

interviews with appropriate personnel for any vacant intra- or interdepartmental position for which he/she is qualified by experience, education, and medical fitness. Neither a priority referral nor the emphasis on return-to-work of these guidelines should be construed to imply that a recovered employee would be guaranteed a position or placement/appointment.

3.24. **Productive Work** – Any type of available work that the recovering employee is qualified to perform by skill, education, experience, and physical/mental capacity.

3.25. **Recovering Employee** – An employee who suffered an on-the-job injury in course and scope of his/her employment while furthering the affairs of the City. There are two classifications of service workers within the City: municipal and classified. (Classified employees are defined by Chapter 143 of the Texas Local Government Code.)

3.26. **Salary Continuation** – The sum of money, before withholdings and deductions, paid by City funds in conjunction with indemnity benefits to recovering employees who meet the salary-continuation program requirements as defined in section 5.0 herein.

3.27. **Supervisor** – The first-line manager in the chain of command in the recovering employee's home and/or temporary department.

3.28. **Texas Department of Insurance – Division of Workers' Compensation Mandated Medical Work Status Report** – Report by a recovering employee's treating physician indicating the prognosis for discharge from treatment and work readiness, including the date of release to return to work and any restrictions upon return to work at less than full duty.

3.29. **Temporary Department** – Department to which a recovering employee may be assigned to perform a transitional duty assignment up to a maximum of 180 calendar days pending continued recovery and release by the recovering employee's treating physician to full duty in his/her home department.

3.30. **Temporary Income Benefits ("TIBs")** – A benefit paid by the TPA that equals 70% of the difference between a recovering employee's average weekly wage and the wages he/she is able to earn after a work-related injury. If a recovering employee earned less than $8.50 per hour before he/she was injured, the temporary income benefits for the first 26 weeks of payments will equal 75% of the difference between the average weekly wage and the wages earned after a work-related injury. After 26 weeks of TIBs have been exhausted, the percentage will change to 70%. Maximum and minimum TIBs rates are adjusted and published yearly by TDI.

3.31. **Texas Department of Insurance – Division of Workers' Compensation ("TDIWC")** – State administration agency regulating workers' compensation.

3.32. **Third Party Administrator ("TPA")** – Independent administrator contracted by the City to be responsible for the adjudication of workers' compensation claims including payments to recovering employees and health care providers in compliance with the law.

3.33. **Transitional Duty Assignment** – Allowing a recovering employee with restrictions to return to gainful employment with the goal of returning to full duty.

3.34. **Transitional Duty Letter** – A document used to query a treating physician regarding the recovering employee's ability to return to gainful employment.

3.35. **Treating Physician** – An individual, group or facility authorized by the City and TDI to direct the medical treatment of a recovering employee.

3.36. **Workability Referral Program (WRP)** – Administered by the Selection Services Division of the HR, WRP coordinates and refers recovering employees for interviews and consideration of vacant City positions for permanent placement in jobs for which a recovering employee may qualify by experience and education, and that is within his/her medical restrictions, but with no guarantee of appointment or placement.

3.37. **Related References**:

- Executive Order 1-12: Mayor's Amended Drug Detection And Deterrence Policy (2nd Revision)
- Executive Order 1-31: Mayor's Drug Detection And Deterrence Procedures For Contractors
- Executive Order 1-32: CDL Drivers Alcohol & Controlled Substance Testing Procedures
- Administrative Policy 2-2: Motor Vehicle Assignment And Use
- City Charter, Article V-A, Section 2 (A) - (F): Rules And Powers Of Commission
- Texas Labor Code, Title 5, Subtitle A, Chapter 401, Subchapter B, Section 401.011 (12)
- Texas Labor Code, Title 5, Subtitle A, Chapter 401, Subchapter B, Section 401.012
- Texas Local Government Code, Chapter 143: Municipal Civil Service For Firefighters And Police Officers
- Texas Local Government Code, Chapter 143, Section 143.073: Line Of Duty Illness Or Leave Of Absence
- Texas Local Government Code, Chapter 143, Section 143.1115: Determination For Physical And Mental Fitness
- City Of Houston Code Of Ordinances, Chapter 14, Section 14-124, (A): Effect Of Non-Paid Absences Or Transfer During Probation.
- City Of Houston Code Of Ordinances, Chapter 14, Section 14-185: Removal Because Of Medical Impairment.

- City Of Houston Code Of Ordinances, Chapter 14, Section 14-226: Injury In Course & Scope Of Employment, Workers' Compensation Benefits And Salary Continuation.
- Houston Police Department General Order 300-05
- Leaves And Absences Volume No. I-22 For Fire Personnel

NOTE: TDI AND CITY FORMS AND INFORMATION/NOTIFICATION LETTERS ARE SUBJECT TO CHANGE DUE TO AMENDMENTS IN THE LAW AND CITY NEEDS.

4.0 HR ADMINISTRATION OF THE WORKERS' COMPENSATION PROGRAM

4.01. OBJECTIVES

4.01.01. To establish procedures to ensure full compliance with the Texas Workers' Compensation Act and all federal, state, and local laws relating to recovering employees.

4.01.02. To establish guidelines for the efficient payment of benefits to recovering employees by acting as the central repository and procedural compliance coordinators for all applications, reports, and information relating to a recovering employee's claim(s).

4.01.03. To act as liaison with the TPA, TDIWC, Medical Advisor, DDRs, recovering employees, and health care providers to facilitate the efficient delivery of benefits to recovering employees.

4.01.04. To review all correspondence and forms sent to and received from the TDIWC to ensure accuracy and timely responses.

4.01.05. To provide guidelines for approval/disapproval of salary continuation for recovering employees in compliance with the City's salary continuation procedures and allow for efficient processing of data to ensure timely and accurate payments.

4.01.06. To develop guidelines and procedures to reduce paper flow, expedite processing of claims, and ensure that all recovering employees' claims, claim information, and medical reports and data are kept confidential with necessary restrictions on the disclosure, distribution, or dissemination of such information.

4.02. RESPONSIBILITIES

Claims Coordinator

4.02.01. Utilizes TPA's database system to view adjuster's file for medical status, indemnity payments, adjuster's diary notes, and

rehabilitation/case management reports to determine eligibility for salary continuation.

4.02.02. Creates and/or maintains functional files on recovering employees and follows procedures for maintaining confidentiality.

Supervisor

4.02.03. After being notified of an injury, the supervisor must assess the situation and determine whether immediate medical attention is required. If emergency medical attention is required, the supervisor must accompany and/or direct safe transportation of the recovering employee to an appropriate emergency medical facility.

4.02.04. Reviews and provides recovering employee with a copy of the instructions for Executive Order 1-33.

4.02.05. Complete and review accident report with the recovering employee to ensure the form is properly documented and completed.

4.02.06. Informs recovering employees of the need to seek medical treatment with a City and TDI-approved medical provider and ensure that recovering employees understand that if they do not seek treatment from an approved medical provider they may be ineligible for medical benefits until they obtain treatment under the direction of an approved medical provider.

4.02.07. Contacts TPA's CRS to report an injury within twenty-four (24) hours of notification by the recovering employee that an injury has occurred, and supplies all necessary information to CRS to complete the Employer's First Report of Injury or Illness Form ("Form TDIWC-1").

4.02.08. Notifies the DDR and other appropriate department personnel of the reported injury.

4.02.09. In accordance with Executive Orders 1-12, 1-31, 1-32 and/or Administrative Policy 2-2, the supervisor or director shall require a drug and/or alcohol test if the test(s) is/are warranted in accordance with established procedures. Coordinates with the department representative the logistics of any test to be given.

4.02.10. **Calls the DDR immediately if the recovering employee fails to report to work upon having been released to return to full duty or with medical restrictions.**

4.02.11. Consults with department management, Administrative Coordinator and DDR for transitional duty assignment for a recovering employee, focusing on the tasks that the recovering employee is capable of performing after release to return to work with medical restrictions.

4.02.12. Assists Administrative Coordinator and DDR in helping the recovering employee switch over from transitional duty to full duty.

Designated Department Representative

4.02.13. Ensures that the Supplemental Report of Injury ("Form TDIWC-6") is communicated to TPA's CRS, DDR and Claims Coordinator if there is any lost time before or after return to work. Failure to do so may result in a TDI fine not to exceed $25,000 per day, per occurrence. In addition, any fines arising from this occurrence will be billed back to the department and could result in disciplinary action against the responsible individual.

Administrative Coordinator

4.02.14. Upon receipt and notice of lost time claims, utilizes TPA's database system to view adjuster's file for medical status, indemnity payments, adjuster's diary notes, and rehabilitation/case management reports in order to respond to appropriate inquiries from department personnel and medical providers regarding a claim.

4.02.15. Facilitates with the Claims Coordinator, the Medical Advisor, and the departments in the assignment of recovering employees to transitional duty.

5.0 SALARY CONTINUATION/ACCRUED LEAVE COMPENSATION

5.01. OBJECTIVES

5.01.01. To establish a salary continuation program that ensures correct payments are made only to eligible recovering employees for authorized time periods in accordance with established payment practices consistent with this Executive Order to minimize overpayments.

5.01.02. To ensure salary continuation payments are processed and paid in accordance with applicable state law and local procedures.

5.02. PROCEDURE

5.02.01. A recovering employee is eligible to receive salary continuation only if the recovering employee:

a) Has completed his/her probationary period and is not a seasonal or part-time employee.

b) Has his/her claim determined compensable by the TPA.

c) Agrees to repay, through credit against his/her accrued time balances at termination or by deductions from wages/salary, any overpayments of salary continuation or other City funds paid that result in greater than 100% (overpayment) for classified employees, or greater than the established salary continuation percent (overpayment) for municipal employee's wage/salary plus longevity and that satisfies all other salary continuation program and work ability guideline requirements. Any repayment by deduction from future wages cannot cause the recovering employee to receive less than the minimum wage for the applicable pay period in which the deduction takes place.

5.02.02. Classified employees who suffer a line-of-duty illness or injury requiring leave are governed by Chapter 143, Section 143.073 of the Texas Local Government Code. The leave is with full pay for a period commensurate with the nature of the line of duty illness or injury leave. If necessary, the leave may continue for up to one year as needed. At the end of the one-year period, the municipality's governing body may extend the illness or injury leave at full or reduced pay for up to one additional year.

5.02.03. It is the intent of the City for recovering employees to receive no reduction in their take home pay while off work due to their work-related injury. The established formula ensures that the primary goal is met while allowing the possibility of lengthening the benefit and minimizing the recovering employee's financial hardship. For municipal employees, 86.5% of their salary will be the base figure for salary continuation during the weeks a recovering employee is completely off work. Ninety-five percent (95%) of the recovering employee's salary will be the base figure for salary continuation during the weeks a recovering employee is working transitional duty less than 40 hours per week.

5.02.04. Recovering employees should contact their department representative to discuss how their workers' compensation claim may affect sick/vacation accruals and health benefits. Recovering employees will also need to contact their respective pension representative to discuss how their workers' compensation claim may affect their pension benefits.

5.02.05. Recovering employees who are ineligible or who elect not to use this benefit may use his/her accrued leave balances by supplementing TIBs payments made by the TPA. The sum may not exceed the established salary continuation percent. However, accruals will be reduced by the actual amount paid to supplement temporary income benefits.

5.02.06. After exhausting the salary continuation benefit, the recovering employee may elect to use his/her accrued leave balances by supplementing TIBs payments made by the TPA. The sum may not exceed the established salary continuation percent. However, accruals will be reduced by the actual amount paid to supplement temporary income benefits.

5.02.07. Each on-the-job injury, meeting the qualifications for salary continuation, will have its own balance. The TPA will determine the injury causing the compensable lost time.

5.02.08. Salary continuation for classified service workers is governed by Chapter 143 of the Texas Local Government Code. Eligible classified service workers may be paid salary continuation for up to one (1) year initially. Classified service workers may be eligible for up to an additional one (1) year of salary continuation based upon medical necessity as determined by the recovering employee's approved medical provider, concurred by the Medical Advisor and approved by the department head.

5.02.09. Upon properly executing the return-to-work process from a compensable injury, a recovering employee requiring subsequent medical treatment during working hours must provide his/her supervisor with a signed document from his/her doctor. The document must outline the authorized treatment plan, including dates and times of appointments, in order to receive the necessary time off from work to attend authorized medical appointments and treatments. This time off will not be charged against accrued leave balances or salary continuation providing the recovering employee has not reached MMI for the injury in question. If ineligible for this benefit, the recovering employee may elect to use accrued leave balances.

5.02.10. Salary continuation will be discontinued when a recovering employee reaches MMI.

5.02.11. A recovering employee shall forfeit all rights to any salary continuation to which he/she would otherwise have been eligible due to his/her injury or illness, if the recovering employee: **(Also See Section 8.0, Consequences and Restrictions of Recovering Employee)**

a) Engages in work, either part-time or full-time, for pay, or as a volunteer, or on behalf of his/her self-employment or any other person whether for profit or nonprofit, firm, business or corporation, while receiving salary continuation payments. In-home daycare may be considered as engaging in work.

b) Embellishes, inflates, falsifies or misrepresents his/her injured condition or physical injuries, capacity or disability as worse than it, in fact, is.

c) Refuses to return to regular or transitional duty when released to do so by the treating physician.

d) Engages in any physical activities that are outside of any restrictions ordered by the City and TDI-approved medical provider or that impair, impede or hinder the recuperation of the recovering employee.

e) Fails to attend or to cooperate with scheduled medical treatments, therapy or other medically ordered appointments.

f) If the recovering employee resigns, is terminated, or dies.

5.02.12. <u>Municipal Employee Salary Continuation Formula</u>

a) For the purpose of formulating salary continuation, 86.5% of recovering employee's salary will include current base salary plus any permanent pay component such as longevity pay, assignment pay, bilingual pay or any other special pay to which the recovering employee is regularly entitled to, excluding clothing and car allowances.

b) For the purpose of salary continuation, an injury that occurs at work will be initially considered compensable. This will

allow for the eligible recovering employee to immediately receive the salary continuation benefit at the 86.5% rate without delay. Finding of a dispute after the TPA's initial investigation will result in the first week's payment to be redefined as an overpayment and reimbursement will be sought from the recovering employee.

c) The amount of salary continuation is the difference between the workers' compensation benefits as mandated by TDIWC and 86.5% of salary as defined in section 5.02.12(a).

d) The figure arrived from 5.02.12(c) is multiplied by 8. This figure is the maximum salary continuation benefit allowed for the specific injury. This figure is converted into hours that can be used by the recovering employee for the corresponding work injury as necessary until the balance is exhausted.

Example 1: 10 weeks of continuous lost time depletes the salary continuation balance in 8 weeks.

1. Injury occurs on 12/31.
2. Lost time from 1/1 to 2/25, first eight (8) weeks. Salary continuation is used to supplement TIBs and balance is depleted.
3. Accruals are used to supplement TIBs for lost time from 2/26 to 3/11, two weeks.
4. Employee returns to work 3/12 for a total of 10 weeks lost time.

Example 2: Less salary continuation benefit is used, per week, when a recovering employee returns to transitional duty. Transitional duty extends the salary continuation coverage from 8 weeks to 15 weeks.

1. Injury occurs on 12/31
2. Lost time from 1/1 to 1/7, first week. Salary continuation is used to supplement TIBs.
3. Transitional duty 20 hours per week from 1/8 to 4/15, 14 weeks. Salary continuation balance is depleted.
4. Transitional duty continues 20 hours per week from 4/16 to 5/20, 5 weeks. Accruals are used to supplement TIBs during this period.

e) While receiving salary continuation at 95%, the salary continuation benefit will be reduced at the original 86.5% rate. To differentiate the salary continuation benefit being applied, timekeepers will use codes as provided by central payroll.

5.03. RESPONSIBILITIES

Recovering Employee

5.03.01. Required to attend a mandatory training presentation after an injury, when feasible, at the designated treatment facility or the recovering employee's residence.

5.03.02. Classified Houston Police Department recovering employees will abide by the respective General Order along with the Executive Order 1-33. In the event there is a conflict between the General Order and the Executive Order 1-33, Executive Order 1-33 take priority over the General Order.

Municipal/Classified Houston Fire Department recovering employees will abide by Section 14-226 along with Leaves and Absences Volume No. I-22 for Fire Personnel. This is in addition to abiding with Executive Order 1-33. In the event there is a conflict between these guidelines, the Executive Order 1-33 presides over the Leaves and Absences Volume No. I-22 for Fire Personnel.

5.03.03. Notifies his/her supervisor immediately following an injury and/or accident. [NOTE: A recovering employee is required to submit to a drug and/or alcohol test following an accident in accordance with Executive Orders 1-12, 1-31, 1-32, and/or Administrative Policy 2-2.] In a non emergency, if directed to submit to a drug and/or alcohol test, the recovering employee must immediately comply with the request.

5.03.04. Completes employee accident report with the supervisor. It is extremely important the form is completed entirely (no blanks).

5.03.05. Reviews, acknowledges, and signs the on the job injury reference sheet.

5.03.06. If medical treatment is required, seek medical treatment with a City and TDI-approved medical provider. Failure to treat with an approved medical provider may make the recovering employee ineligible for benefits under the Texas Workers' Compensation Act.

5.03.07. If at any time the recovering employee is released by his/her treating physician to return to full duty or transitional duty, the recovering employee shall notify the DDR and/or his/her supervisor immediately and provide a copy of the TDIWC Mandated Medical Work Status Report from the treating physician.

5.03.08. While on injury leave, the recovering employee is expected to be available daily to receive phone calls from the DDR, supervisor, Administrative Coordinator and adjuster. Phone calls should be made between 9 am – 6 pm. Department heads are encouraged to have periodic contact with the recovering employee to promote his/her recovery.

5.03.09. **The recovering employee, while on total disability, will make himself/herself available for home visits by the DDR and Administrative Coordinator. The recovering employee will receive no less than a 24-hour notice for each visit. The treatment schedule and/or appointments will be considered with the date and time of the visit. The recovering employee is obligated to provide the correct physical address where he/she is recovering from a work injury.**

5.03.10. A recovering employee must follow the procedures below to obtain authorization for travel when receiving medical treatment:

a) Obtain medical authorization from treating physician stating that travel will not negatively impact the recovering employee's medical recovery or cause him/her to miss scheduled appointments.

b) Provide the medical authorization to the Administrative Coordinator, DDR and TPA.

c) Obtain final written authorization from the DDR a minimum of ten (10) days prior to travel unless the travel is deemed an emergency by the DDR.

5.03.11. A recovering employee may not work a second (outside) employment, self-employed business whether paid or unpaid, or any other business at which there is any ownership interest, even if not working as an employee while on injury leave or while working a transitional duty assignment.

5.03.12. A recovering employee on injury leave may not attend educational or other classes unless authorized by the treating physician as part

of a recovery plan and/or requested by the Texas Rehabilitation Commission and/or the recovering employee's department and approved by the Medical Advisor or his/her designee or as required by procedure.

5.03.13. **All recovering employees, classified or municipal, must contact their TPA assigned workers' compensation adjuster after every treating doctor's appointment and/or specialist referral. The following information must be given to the adjuster:**

a) Current work status

b) Current treatment plan

c) Date and time of the next scheduled appointment

In the event the adjuster is not available, the recovering employee must leave a detailed message with the information listed above in order to count as the necessary contact phone call.

5.03.14. If an injured municipal service worker depletes his/her salary continuation balance and is not medically able to return to work, the recovering employee should submit a Leave Authorization Request ("HR Form 206") requesting the use of available accrued leave balances in accordance with section 5.02.05. Once all available paid leave (sick, vacation, and/or other leave) and/or family medical leave has been exhausted, the recovering employee may request additional leave through the use of a Leave of Absence Without Pay ("LOAWOP") not to exceed ninety (90) calendar days at any one time. Subsequent extensions may be requested as long as a total of 180 calendar days of leave (LOAWOP) in one twelve-month period is not exceeded. Each requested leave of absence must have medical documentation indicating a prognosis for the recovering employee's return to work. Each request for a LOAWOP will be approved at the discretion of the department head in accordance with usual department leave procedures and departmental needs. Any additional leave of absence requests shall be considered according to City Ordinance.

Supervisor

5.03.15. Ensures that the Form TDIWC-1 has been communicated to CRS within twenty-four (24) hours of notification by the recovering employee that an injury has occurred.

Designated Department Representative

5.03.16. The department head designates a DDR who is responsible for implementing this procedure and working with the HR Workers' Compensation Division, department supervisors, payroll staff, and CRS to process injury claims and administer benefits to eligible recovering employees in compliance with the law and City procedures.

5.03.17. Designates a department representative responsible to call all off-work recovering employees on a periodic basis to establish and reinforce the employee/employer relationship. The department representative must keep a log containing the day, time and detail of the conversation/message of all phone calls to the recovering employee. A member of the HR Workers' Compensation Division may request this log for review.

5.03.18. Ensures that the Form TDIWC-6 is communicated to the TPA's CRS, DDR and Coordinator if there is any lost time before or after return to work. Failure to do so may result in a TDI fine not to exceed $25,000 per day, per occurrence. In addition, any fines arising from this occurrence will be billed back to the department and could result in disciplinary action against the responsible individual.

5.03.19. If applicable, notifies the recovering employee that the claim has been denied and informs him/her if other leave benefits are available in order to be compensated for leave.

5.03.20. Coordinates the logistics of any leave for which the recovering employee is eligible.

5.03.21. If the recovering employee's department is unable to accommodate the recovering employee, the DDR consults with the Administrative Coordinator for assistance via their responsible manager in placing the recovering employee in a transitional duty assignment in another department.

5.03.22. Gathers additional information as requested by the TPA, Salary Continuation Claims Processing Section, Case Management Section, and/or CRS.

5.03.23. Monitors, as per intradepartmental procedures:

a) Payments to recovering employees for accuracy, timeliness, and completeness;

b) Recovering employee's accrued leave balances to determine eligibility for accrued benefits;

c) Procedural compliance by reviews and audits of payroll worksheets and recaps to ensure completeness, accuracy, and timeliness;

d) Compliance with all procedures by ensuring that approved injury leave is being used correctly, timely and accurately; and

e) Correction and/or recovery of under/overpayments as quickly as possible.

5.03.24. At the department's discretion, requests detailed records for verification of a second job.

5.03.25. Prepares LOAWOP requests prospectively to the appropriate civil service commission or City Council, as required.

5.03.26. Collects all records, data, and information required by law related to the recovering employee's injury(ies), maintains them in separate files, and maintains standards for confidentiality. Information related to any injury or occupational disease is to be revealed only to persons with a need to know such information in order to supervise or manage the recovering employee or to coordinate benefits. No medical information or claim records are to be treated as public information or disclosed without written authorization of the recovering employee except as required by law.

5.03.27. If the recovering employee cannot return to full duty, the DDR will provide the recovering employee with information regarding other benefits and long-term options as appropriate.

5.03.28. Upon receipt of a request for medical authorization to travel, designate a person to review the travel request for a recovering employee and determine the approval status (see section 5.03.10).

Administrative Coordinator

5.03.29. If applicable, coordinates with DDR to notify the recovering employee that his/her compensation claim has been denied and that he/she may utilize available paid leave benefits in order to be compensated for leave.

5.03.30. Reviews initial medical report and determine the appropriate time to seek a medical release for transitional duty. Requests the recovering employee's work abilities from the doctor and follows up until the work abilities are received.

Timekeeper/ Department Payroll /Claims Coordinator

5.03.31. Receive a weekly feed of temporary income paid out from TPA and authorizes the appropriate amount for salary continuation.

5.03.32. Complete a workers' compensation worksheet and wage statement.

5.03.33. Timekeeper forwards time sheet to department payroll.

5.03.34. Determines the commencement date and duration of the compensable leave period, post the daily hours of absence due to the injury, code the type of leave utilized, entering applicable codes in the payroll system, place the recovering employee on leave of absence, if necessary, coordinate Family and Medical Leave if appropriate and eligible.

5.03.35. If the recovering employee is approved for salary continuation, the paid leave that was used pending approval is put back into the recovering employee's leave balances. If disapproved, the recovering employee continues to utilize available accrued leave during the injury leave period.

5.03.36. Monitor, as per intradepartmental procedures:

a) Payments to recovering employees for accuracy, timeliness, and completeness;

b) Recovering employee-accrued leave balances to determine eligibility for accrued benefits; and

c) Procedural compliance by reviews and audits of payroll worksheets.

5.03.37. Prepare payroll recap summary to determine under/overpayments made to recovering employees and forwards a copy of the recap to the Controller's Office.

5.03.38. Formulate and initiate plan to reimburse any underpayment or recoup any overpayment.

5.03.39. Department payroll will forward the worksheet to Claims Coordinator for their review and concurrence of the salary continuation benefits.

Medical Advisor

5.03.40. Consults with the recovering employee's medical care providers to clarify and determine restrictions or eligibility for benefits, leave, *etc.*

5.03.41. When appropriate, determines fitness for duty of recovering employees returning to full or transitional duty after being on injury leave.

5.03.42. Attends periodic meetings with appropriate City personnel regarding questions concerning the diagnosis, treatment, and prognosis of recovering employees.

Responsible Manager

5.03.43. Has the option of accompanying the Administrative Coordinator to the recovering employee's home or place a phone call to the recovering employee who has been disabled for thirty (30) consecutive days.

6.0 CASE MANAGEMENT

6.01. OBJECTIVES

6.01.01. To develop procedures to return a recovering employee to productive work if released by his/her medical provider to return to full duty or if released with medical restrictions. The City reserves the right to utilize medical reports from other physicians in accordance with TDIWC rules and regulations.

6.01.02. To assist departments in identifying essential functions by position for transitional duty assignments.

6.01.03. To review medical reports by medical providers regarding recovering employees with contracted case managers, claim

handlers, DDRs, supervisors, and/or the Medical Advisor to determine the extent of productive work ability of each recovering employee in order to match capabilities with the essential functions of each position for transitional duty assignment.

6.01.04. To monitor recovering employee's progress in transitional duty for earliest return to full duty or a maximum of 180 calendar days, whichever occurs first.

6.01.05. To provide internal coordination of case management activities while interfacing with contracted services.

6.01.06. To provide information as needed about long-term options.

6.02 RESPONSIBILITIES

Administrative Coordinator

6.02.01. Receives and reviews notice of lost time claims and performs early intervention to facilitate the recovering employee's early return to work.

6.02.02. Receives and reviews all other appropriate, available documentation relating to the recovering employee including the state-approved, mandated TDIWC form and the claim file in order to determine the extent and nature of restrictions on the recovering employee's abilities to perform essential job functions.

6.02.03. In consultation with the recovering employee's DDR, supervisor, or department management, determines if temporary modifications can be made to the recovering employees assigned duties so he/she can return to work in his/her current position within the medical restrictions prescribed by the treating physician. Any modification of the assigned duties may be for up to ninety (90) calendar days and may be extended to a maximum of 180 calendar days for municipal service workers. For classified service workers, any modification of the assigned duties may be for up to one (1) year and may be extended to a maximum of two (2) years.

6.02.04. If the Home Department is unable to locate an appropriate transitional duty assignment for the recovering employee within twenty-four (24) hours from time of release to return to work, contacts other departments to determine whether appropriate

transitional duty assignments are available for the recovering employee to perform.

6.02.05. Confirms the transitional duty assignment up to a maximum of 180 calendar days with all salary costs and expenses to be paid by the Home Department during this temporary placement. Continues to monitor the recovering employee's progress and reviews all available medical information at appropriate intervals to determine whether any medical status change might indicate the recovering employee's return to full duty. Should a recovering employee recuperate sufficiently to return to full duty before ninety (90) calendar days have passed, the Administrative Coordinator notifies the Temporary and the Home Departments of the anticipated return.

a) If the recovering employee cannot return to full duty earlier than ninety (90) calendar days, contacts the Temporary Department at least ten (10) working days prior to the expiration of the 90-calendar-day period to advise them of the impending expiration of the transitional duty assignment.

b) Handles requests for an extension of the transitional duty assignment past the initial 90-calendar-day period in the Temporary Department, with the concurrence of the recovering employee's Home Department management, the Medical Advisor, and the Temporary Department management.

6.02.06. Conducts on-site reviews of recovering employees in transitional duty assignments.

7.0 TRANSITIONAL DUTY PROGRAM

7.01. OBJECTIVES

7.01.01. To establish transitional duty procedures and implement a procedure for returning a recovering employee to productive work if released by a physician to return to full duty or if released to return to work with medical restrictions.

7.01.02. To establish a methodology for evaluating recovering employees' injuries, abilities, or skills.

7.01.03. To establish a systematic approach for notifying departments and the TPA of releases to return to work and transitional duty assignments and for notifying recovering employees of transitional duty assignments.

7.01.04. To establish a procedure to provide a municipal service worker up to an initial ninety (90) calendar day transitional duty assignment and an extension of up to an additional ninety (90) calendar day transitional duty assignment if the recovering employee is unable to return to full duty. The additional 90 calendar days must be granted with a physician's recommendation on an approved form. A classified service worker may be granted up to a maximum of two (2) years of transitional duty.

7.01.05. To provide a mechanism to monitor the progress of recovering employees on transitional duty assignments to return them to full duty as soon as they are medically able to do so or to proceed to long-term options for recovering employees with long-term incapacity.

7.02. PROCEDURE

7.02.01. It is the policy of the City to provide opportunities for recovering employees to return to productive work as soon as is practicable after injury.

7.02.02. Department heads are primarily responsible for implementing this program in their departments in cooperation with the HR Workers' Compensation Division.

a) Each department head shall designate one or more department representatives who shall have the responsibility for instituting and implementing these procedures within department standard operating procedures.

b) Central to the success of this effort is the department's willingness and ability to identify essential job functions for each position/classification, to devote department resources to implement these procedures, to commit to transitional placement as a department priority, and to conscientiously assign transitional duties to recovering employees during their convalescence and recovery from injury.

c) Also central to the success of this program is early identification of potential candidates for transitional duty assignments, a commitment to priority assignment of recovering employees, and frequent coordination and follow-up with the recovering employee and the Administrative Coordinator to expeditiously match the recovering employee's capabilities with transitional duty assignment opportunities.

7.02.03. If a department is unable to find a transitional duty assignment for its recovering employees and Administrative Coordinator successfully places the recovering employee in another department, the Home Department shall be responsible for payment of all salary and benefits of the recovering employee while on transitional duty assignment in another department.

7.02.04. If necessary, upon completion of a 90-calendar-day transitional duty assignment, a municipal service worker may be granted an extension up to an additional ninety (90) calendar days to a maximum of 180 calendar days. The additional 90 calendar days must be granted with a physician's recommendation on an approved form. A classified service worker may be granted up to a maximum of two (2) years of transitional duty.

7.03. RESPONSIBILITIES

Recovering Employee

7.03.01. Required to attend a mandatory training presentation prior to beginning any transitional duty assignment to be facilitated by the recovering employee's DDR.

7.03.02. If a transitional duty assignment is identified, receives, confirms, and accepts the Bona Fide Offer of Employment, the recovering employee reports to work at the date, time, and location indicated in the offer, and performs the duties and tasks assigned in conformity with his/her treating physician's medical restrictions and in compliance with all safety guidelines and standards of the department in which he/she is placed.

7.03.03. While working transitional duty, is expected to refrain from any injurious practice(s) or activity(ies) that may impede recovery or a return to full duty; refrain from working at a second or outside job

or any other business at which there is ownership interest even if not working as an employee; refrain from strenuous activity (other than prescribed exercise or therapy); and do all within his/her power to do as directed by the treating physician to recuperate from the injury(ies).

7.03.04. If referred to the WRP or to other potential employment opportunities by the HR Selection Services Division or HR Workers' Compensation Division, vocational rehabilitation specialist, or the Home Department, cooperates fully and timely with filling out applications; providing information, resumes, and employment data; attending interviews; and following up on reasonable processing efforts.

7.03.05. A recovering employee must follow the procedures below to obtain authorization for travel when receiving medical treatment.

a) Obtain medical authorization from treating physician stating that travel will not negatively impact the recovering employee's medical recovery.

b) Supply medical authorization to the Administrative Coordinator, DDR and TPA.

c) Obtain final written authorization from DDR a minimum of 10 days prior to travel unless the travel is deemed an emergency by the DDR.

Claims Coordinator

7.03.06. Notifies recovering employee of change in salary continuation status.

Supervisor

7.03.07. Consults with department management, Administrative Coordinators and DDR as to whether a transitional duty assignment is available for a recovering employee, focusing on the tasks that the recovering employee is capable of performing after release to return to work with medical restrictions.

7.03.08. Gives notice of the recovering employee's return to work, retirement, resignation, termination or death to the DDR, CRS, and/or the department administration.

7.03.09. Contacts DDR to report any problem(s) the recovering employee may be having while on transitional duty assignment. Monitors compliance by recovering employees on leave.

Designated Department Representative

7.03.10. Coordinates all requests for leave in concert with supervisor and payroll staff as per intradepartmental procedure, if eligible. Coordinates with payroll all compensation, if any, to be paid to the recovering employee while on leave.

7.03.11. In conjunction with management, reviews essential job functions of existing positions/classifications in the department and determines which functions in each classification could be utilized as transitional duty assignments.

7.03.12. Creates a Bona Fide Offer of Employment in accordance with TDI that must meet all criteria set by TDI for those recovering employees who return to work the day after his/her release. A Bona Fide Offer of Employment must still be completed within the next business day in order to comply with TDIWC. Conveys the Bona Fide Offer of Employment to the recovering employee in person or via regular and certified mail with return receipt requested. Follows up to confirm acceptance/rejection of offer. Conveys information to TPA for appropriate action. Forward copy of the Bona Fide Offer of Employment to the HR Workers' Compensation Division.

7.03.13. Ensures the recovering employee views the mandatory transitional duty training presentation before he/she begins any transitional duty assignment.

7.03.14. Assists supervisor in coordinating with Administrative Coordinator to return recovering employee to full or transitional duty at the earliest time possible within the department.

7.03.15. When near completion of the first ninety (90) calendar day transitional duty assignment (on or about day 60) or anytime within this first 90-calendar-day period when medical documentation suggests the recovering employee may have persisting restrictions that may preclude return to work at full duty, prepares a medical questionnaire to be completed by the treating doctor and reviews this completed documentation to see if any reasonable increments

of transitional duty are needed for up to ninety (90) additional calendar days of transitional duty. Consults with HR Workers' Compensation Division if necessary.

7.03.16. Must share results of the medical questionnaire with the HR Workers' Compensation Division.

7.03.17. If upon receipt and evaluation of the medical questionnaire it is determined that there is no potential for a recovering employee to return to full duty, makes an immediate referral to the WRP and initiates the medical separation process concurrent with the completion of transitional duty.

7.03.18. Collects all records, data, and information required by law related to the recovering employee's injury(ies), maintains them in separate files, and maintains standards for confidentiality. Information related to any injury or occupational disease is to be revealed only to persons with a need to know such information in order to supervise or manage the recovering employee or to coordinate benefits. No medical information or claim records are to be treated as public information or disclosed without written authorization from the recovering employee except as required by law.

7.03.19. Upon receipt of a medical authorization for travel, designates a person to review the travel request for a recovering employee and determine the approval status.

Administrative Coordinator

7.03.20. Notifies recovering employee of upcoming expiration of transitional duty and explains that with medical documentation and approval, the recovering employee may be eligible for an extended ninety (90) days of transitional duty.

7.03.21. Does an on-site investigation if a recovering employee files a complaint regarding his/her current transitional duty assignment. The on-site investigation will determine the following:

a) If the assignment meets the treating physician's restrictions, then the medical advisor will be consulted to discuss options:

1. To further modify the position.

2. Medical advisor consults with treating physician to determine if the recovering employee's medical complaints are founded.

b) If a portion of the transitional duty assignment falls outside of the given restrictions then the Administrative Coordinator will work with the DDR to do the following:

1. Modify the position to fall within the restrictions.

2. Place the recovering employee in a different position to fall within the restrictions.

7.03.22. Keeps statistics to track effectiveness of various programs.

7.03.23. Provide instructions and information regarding available options for long-term benefits to recovering employees unable to return to full duty.

8.0 DISCIPLINARY ACTION

8.01. OBJECTIVE

To establish enforcement procedures through the use of uniform disciplinary actions for violations and failures to abide by these procedures.

8.02. CONSEQUENCES/RESTRICTIONS

NOTE: If a recovering employee is assessed discipline for conduct or infractions that occurred before the injury, except for an indefinite suspension, any discipline to be imposed shall be imposed after the recovering employee has returned to work. Any delay in the imposition of discipline less than an indefinite suspension caused by the recovering employee being on injury leave should be reflected in the documentation of the discipline and should not affect the discipline imposed because of the delay.

8.02.01. If a recovering employee is released to return to work with medical restrictions by his/her treating physician and placed in a transitional duty assignment and fails to return to work when released to return, such failure may result in disciplinary action against the recovering employee up to and including indefinite suspension.

8.02.02. A recovering employee may be subjected to possible loss of City-authorized benefits and/or disciplinary action up to and including indefinite suspension for any of the following:

a) Failure to report for full and/or transitional duty when released to return to work by the treating physician or other TDIWC-approved health care provider unless the Medical Advisor or his designee determines otherwise.

b) Failure of a recovering employee on injury leave to refrain from injurious or strenuous work or other activities or practices which may impede the recovering employee's recuperation and/or return to work. This does not prevent a recovering employee from doing exercises or physical activities prescribed by his/her treating physician.

c) Failure to take his/her medication as prescribed, to abuse or misuse medication whether his/her own or that of another, failure to do exercises or physical activities prescribed by his/her treating physician, or general failure to follow doctors orders.

d) Failure to refrain from working at a second (outside) employment, whether paid or unpaid, or any other business at which there is any ownership interest even if not working as an employee while on injury leave or while working transitional duty.

e) Failure to refrain from attending college, vocational, training, leisure, or trade school classes unless authorized by the treating physician as part of a recovery plan and approved by the Medical Advisor or his/her designee and/or the department.

f) Failure to promptly report the original or any subsequent injury.

g) Failure to timely and fully cooperate with or unreasonably delay cooperating with a request for additional documentation or testing.

h) Failure to keep scheduled appointments with health care providers.

i) Failure to attend safety classes or other job-related classes given by the home department, the HR Workers' Compensation Division, or any other source authorized by the City when required to do so by the Home Department and/or the Medical Advisor or his/her designee and/or vocational rehabilitation specialist.

j) Applying for benefits or supplemental income from any source in or outside of the City to which the recovering employee is not entitled while being paid workers' compensation or other benefits.

k) Forging, tampering with, falsifying, or making a false statement on the state-approved, mandated TDIWC form or any official form, physician's statement, or a City document related to the application or eligibility for workers' compensation, medical, or other benefits; or forging, tampering with, falsifying, or making a false statement to any other government agency regarding application eligibility for compensation or benefits.

l) Colluding or conspiring with one or more persons to obtain lawful benefits by unlawful means or obtaining unlawful benefits by lawful means.

m) Threatening, coercing, intimidating, or harassing employees of the TPA, the City, rehabilitation vendors, risk management personnel, or health care providers including support staff, in order to become eligible for, falsely obtain, or unnecessarily prolong workers' compensation or other benefits, medical care expenses, or injury leave.

n) Failure to notify the TPA, adjustor and department of any medical status changes or to provide them basic contact information.

o) Failure to properly follow the travel-authorization procedures.

p) Failure to provide the correct physical address used while recovering from a work injury.

q) Failure to properly follow any procedures and the recovering employee responsibilities outlined in this Executive Order.

8.02.03. Failure by the DDR, supervisor, payroll clerk, and/or timekeeper to follow the mandates of the work ability guidelines may subject such employee to appropriate disciplinary action.

9.0 LONG-TERM OPTIONS

9.01. OBJECTIVES

9.01.01. To establish a procedure to refer a recovering employee to the WRP, pension benefits, Social Security, or alternative programs if he/she has not recovered sufficiently to return to his/her full duties after being on a transitional duty assignment for the maximum allowable period of time.

9.01.02. To establish guidelines, procedures, and timelines for notification, application, and consideration for disability benefits for recovering employees.

9.01.03. To formalize the communication/application process among the HR Workers' Compensation Division staff, administrators, and pension funds with feedback provided to the departments.

9.01.04. To involve the Benefits Division of HR and the appropriate pension offices in a cooperative effort to provide comprehensive long-term benefits to recovering employees.

9.02. RESPONSIBILITIES

Recovering Employee

9.02.01. Obtains referral by the Administrative Coordinator or contracted vocational rehabilitation specialist to options for continued benefits or alternative placement, outsourcing, or future employment.

a) Applies for and submits all documentation as required for long-term disability, disability pension, family and medical leave, possible selection to another position within the Home Department, or possible selection to another position outside the Home Department via the WRP whenever applicable and eligible.

b) Applies for and submits all documentation for referrals to Social Security Administration, Texas Rehabilitation Commission, or other possible options outside of the City.

c) Must respond to medical-separation request.

d) Cooperates with contracted vocational rehabilitation specialist.

e) If referred to the WRP or to other potential employment sources by the HR Selection Services or Risk Management Divisions, vocational rehabilitation specialist, or the Home Department, cooperates fully and timely with filling out applications; providing information, resumes, and employment data; attending interviews; and following up on reasonable processing efforts.

Supervisor

9.02.02. If necessary, assists DDR in gathering all information needed for long-term options.

Designated Department Representative

9.02.03. When near completion of the first ninety (90) calendar day transitional duty assignment (at or about day 60) or anytime within this first ninety 90-calendar-day period when medical documentation suggests the recovering employee may have persisting restrictions that may preclude return to work at full duty, prepares a medical questionnaire to be completed by the treating physician and reviews this completed documentation to see if any reasonable increments of transitional duty are needed for up to ninety (90) additional calendar days of transitional duty. Consults with HR Workers' Compensation Division if necessary.

9.02.04. Coordinates follow-up procedures/documents after completion of transitional duty assignment and referral for possible selection to another position or other long-term options.

9.02.05. Ensures the recovering employee views the mandatory transitional duty training presentation before he/she begins any transitional duty assignment.

9.02.06. May coordinate with payroll and/or family and medical leave coordinator all injury and other leaves, long-term options, and family and medical leave requests.

9.02.07. Coordinates and prepares all documentation for medical separation, if necessary.

9.02.08. Prior to the recovering employee completing the maximum transitional duty assignment, if still unable to return to full duty, the DDR informs the recovering employee in writing that transitional duty is no longer available because the maximum number of days allowable has been worked. Recovering employee shall also be advised of:

a) Potential for reasonable accommodations in his/her regular job;

b) Potential for possible selection in Home Department or elsewhere in the City if restrictions persist that will preclude return to work at full duty;

c) Potential referrals for benefits or other options for possible compensation; and

d) Potential for medical separation with priority referral for two (2) years.

9.02.09. Attends weekly transitional duty meetings.

Administrative Coordinator

9.02.10. Provides instructions and information regarding available options for long-term benefits to recovering employees unable to return to full duty.

Employee Benefits Division of the Human Resources Department

9.02.11. Develops instructional information for referral by the department and/or HR Workers' Compensation Division and use by recovering employee in applying and qualifying for long-term benefits.

Work Ability Referral Program

9.02.12. If, for the current injury, the recovering employee is determined capable of work activity with restrictions, he/she should be referred to the WRP for possible placement as soon as the department becomes aware that the recovering employee may return to work with permanent restrictions and is unable to perform the essential job functions of his/her regular position. This referral may be made

before the first ninety (90) days of transitional duty placement, or thereafter, and may be concurrent with transitional duty placement.

9.02.13. Close communication should be maintained by the department with the WRP staff to determine progress on placement. The WRP process may not exceed ninety (90) days except in unusual circumstances and with the approval of the Director of HR.

9.02.14. Once a recovering employee is medically separated by the appropriate civil service commission, the Selection Services Division of the HR Workers' Compensation Division must keep his/her name current on a re-employment list for two (2) years following the date of separation ordered by the commission. Whenever the recovering employee sufficiently recuperates medically to return to full duty, if within two (2) years of the separation and his/her name is still on the re-employment list, his/her application is to be given priority consideration only for a referral to a vacancy in his/her regular position or another position in the City for which he/she is qualified by experience, education and medical fitness. The priority consideration to be given does not constitute a preference nor does it in any respect waive any of the qualifications or other requirements for the position. The City is not required to provide training, education, experience, or other career enhancements in order to qualify a medically separated recovering employee for the same or another position with the City. The City does not guarantee that the medically separated recovering employee will be placed in the same or another position with the City.

10.0 PROBATIONARY, SEASONAL, AND PART-TIME EMPLOYEES

10.01. OBJECTIVES

10.01.01. To establish uniformity in the application of these guidelines to the maximum extent possible where appropriate to recovering employees who are not otherwise eligible for salary continuation and other benefits applicable herein.

10.01.02. To establish a uniform guideline for the maximum duration of the application of injury leave and transitional duty.

10.01.03. To establish a uniform point at which employment may be terminated for inability to perform duties due to medical reasons and not performance.

10.02. RESPONSIBILITIES

Recovering Employee

10.02.01. Informs the supervisor of any injury in the course and scope of his/her employment immediately. [Note: A recovering employee may be required to submit to a drug and/or alcohol test following an accident in accordance with Executive Orders 1-12, 1-31, 1-32 and/or Administrative Policy 2-2.] In a non emergency, if directed to submit to a drug and/or alcohol test, the recovering employee shall immediately comply with the request.

10.02.02. Submits a written statement to the supervisor describing the date, time, and place of the injury, how it occurred, and the nature and extent of injury, if known.

10.02.03. Reviews, acknowledges, and signs the on the job injury reference sheet.

10.02.04. Seeks medical treatment from a City and TDI-approved medical provider of his/her choosing.

10.02.05. A recovering employee must follow the procedures below to obtain authorization for travel when receiving medical treatment:

a) Obtain medical authorization from treating physician stating that travel will not negatively impact the recovering employee's medical recovery.

b) Supply medical authorization to the Administrative Coordinator, DDR and TPA.

c) Obtain final written authorization from DDR a minimum of 10 days prior to travel unless the travel is deemed an emergency by the DDR.

10.02.06. Refrains from outside or second employment or business interests and/or strenuous activity that would impede or hinder his/her recovery while on injury leave or while working a transitional duty assignment.

10.02.07. If less than ninety (90) calendar days since the date of injury, if released to return to work to other than full duty, informs

supervisor immediately of the release and the medical restrictions imposed. So long as the anticipated return to full duty is within the 90-calendar-day period, receives, confirms, and accepts the Bona Fide Offer of Employment and reports to work at the date, time, and location indicated in the offer.

10.02.08. Performs the duties and tasks assigned in conformity with his/her medical provider's restrictions and in compliance with all safety guidelines and standards of the department in which he/she is placed for transitional duty for up to ninety (90) calendar days from the date of injury.

10.02.09. If by the ninetieth (90th) calendar day following injury the recovering employee cannot return to work but may be able to return to full duty within a reasonable period of time after the completion of the ninety (90) calendar days, requests consideration by the department head to continue transitional duty and/or injury leave for a very limited period of time to allow full recovery and the return to full duty. [Note: The "very limited period of time" generally should not exceed fourteen (14) additional calendar days.]

10.02.10. While on injury leave or transitional duty, the recovering employee is subject to all the disciplinary requirements set forth in Section 8.0 herein.

10.02.11. If terminated for medical reasons not related to performance, he/she may apply for his/her former position or for any other position for which he/she may qualify if released by his/her treating physician to return to work.

Supervisor

10.02.12. Complies with all of the same requirements as with a non-probationary recovering employee.

10.02.13. Monitors the ninety (90) calendar days from the date of injury and assures that all of the requirements are being met by the recovering employee.

10.02.14. If the recovering employee will not be able to return to full duty on or shortly after the expiration of ninety (90) calendar days from the date of injury, the supervisor must inform the DDR who will make the recommendation to the department head for termination during probation for medical reasons not related to performance.

10.02.15. When it is in the best interest of the department and the recovering employee to consider a very limited extension of time to fully recover and return to full duty [generally should not exceed fourteen (14) additional calendar days], assists the DDR with the recommendation to the department head.

Designated Department Representative

10.02.16. Monitors all probationary recovering employees who are injured to assure they will be able to return to full duty before, on, or shortly after the expiration of ninety (90) calendar days from the date of injury. If the recovering employee will not be able to return to full duty within the 90-day period or shortly thereafter, makes the recommendation to the department head to:

a) Terminate the probationary recovering employee within probationary period, or

b) Medically separate if appropriate. If the recovering employee attains civil service protection in accordance with Section 14-124(a) of the Code of Ordinances while on injury leave, the recovering employee may not be terminated as a probationary employee and must be given all protections afforded by the other applicable provisions of this Executive Order and all civil service rules and regulations civil service-protected employees. Such a recovering employee may be considered for medical separation if he/she cannot return to full duty.

10.02.17. If the recovering employee can return to full duty within a reasonable period of time after the expiration of ninety (90) calendar days, the DDR must collect all relevant Information from the recovering employee and the supervisor and submit it to the department head with a recommendation from the supervisor for consideration of a limited extension of time to allow for full recovery with or without injury leave and/or transitional duty. It is the department head's sole discretion to allow a one-time limited extension [*e.g.*, one (1) to two (2) weeks]. The reasons for allowing the extension should be well documented and should reflect all the factors present and considered in allowing the extension [*e.g.*, good employee prior to the injury, only one (1) or two (2) weeks remain before full duty is resumed, *etc.*].

10.02.18. Upon receipt of a medical authorization for travel, designate a person to review the travel request for a recovering employee and determine the approval status.

Department Head

10.02.19 If a recovering employee cannot return to full duty within ninety (90) calendar days of the date of injury or within a reasonable period of time thereafter, the department head shall terminate the recovering employee for medical reasons not related to performance. A recovering employee may reapply for his/her former position and be rehired to his/her former position or any other position for which he/she may qualify at any time thereafter without preference or priority. A recovering employee who applies for a position after having been terminated pursuant to this procedure may not be discriminated or retaliated against because of such prior injury.

EXHIBITS

1. City of Houston Workers' Compensation Representatives and Subcontractors

2. Lost Time Claim Flow Chart

3. Accident Report

4. On The Job Injury Reference Sheet
   a. Supervisor's Copy
   b. Employee's Copy

5. DWC – 1 (Employers First Report of Injury or Illness)

6. Bona Fide Offer of Employment/ Transitional Duty Assignment Form

7. DWC – 6 (Supplemental Report of Injury)

City of Houston Workers' Compensation Representatives and Subcontractors

The following representatives will be able to assist you during your recovery from an on the job injury:

- **Administrative Coordinator** – A representative of the HR Workers' Compensation Division responsible for facilitating a recovering employee's timely return to work through early intervention efforts; oversight and direction of contracted case managers, vocational rehabilitation specialists, network doctor compliance with the City's return to work procedures and claims adjusters; contact with recovering employees; and site visits to medical providers and home visits to recovering employees (supervisor will be encouraged to attend). Will assist the Designated Department Representative in locating transitional duty positions, ensure proper offer on employment is done, track lost time, transitional duty, and the medical separation process if necessary and follow-up with supervisors and Designated Department Representatives.

- **Claims Coordinator** – A representative of the HR Workers' Compensation Division responsible for the coordination of salary continuation benefits for City recovering employees.

- **Medical Advisor** – A qualified, licensed physician retained by the City to perform medical reviews, assessments, evaluations of recovering employees for placement in transitional duty assignments, and other duties as requested by the Director of the Human Resources Department.

City of Houston Home Department

The following representatives will be able to assist you during your recovery from an on the job injury:

- **Supervisor** – The first-line manager in the chain of command in the recovering employee's home and/or temporary department.

- **Designated Department Representative (DDR)** – The individual(s) appointed by each department director to coordinate workers' compensation and related procedures, to implement these guidelines and to be responsible for determining the recovering employee's ability to perform any or all of the essential functions of each classification/position in the department.

Third Party Administrator (TPA)

- **Third Party Administrator (TPA)** – Independent administrator contracted by the City to be responsible for the adjudication of workers' compensation claims including payments to recovering employees and health care providers in compliance with the law.

- **Adjuster** – An employee of the third-party administrator (TPA) who investigates and adjudicates insurance claims.

Lost Time Claim Flow Chart

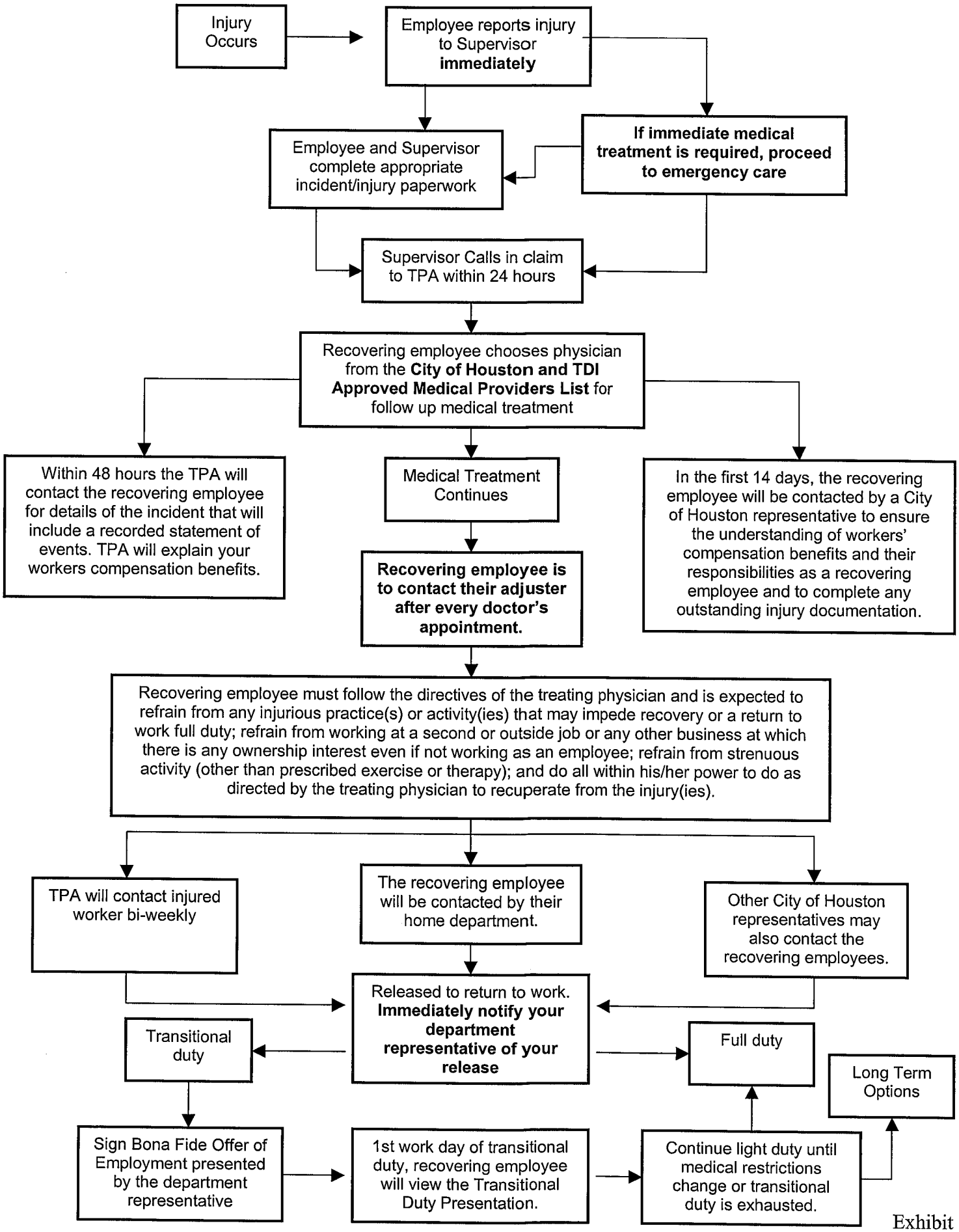

Exhibit 2

City of Houston Accident Report

1. INCIDENT TYPE	☐ Property Damage	☐ Near Miss	☐ Incident	☐ First Aid	*Reference #*
	☐ Medical	☐ Lost Time	☐ Illness	☐ Fatality	

2. GENERAL INFORMATION				
A. Name of Injured Employee	B. Employee #	C. Social Security Number	D. Primary and Secondary Telephone numbers for employee contact	
			1.	2.
E. Date/Time of Injury		F. Date/Time Reported		
/ / : AM PM		/ / : AM PM		
G. Supervisor to whom incident was reported	H. Supervisor contact number	I. Primary Language Spoken by Employee	J. Part of Body Injured	

3. MEDICAL INFORMATION	
P. Medical Treatment Requested	Q. Name, Address and telephone number of Treating Facility
☐ YES ☐ NO	

4. WITNESS INFORMATION	
R. Witness	S. Witness Contact Number(s)

Circle Injured Area(s)

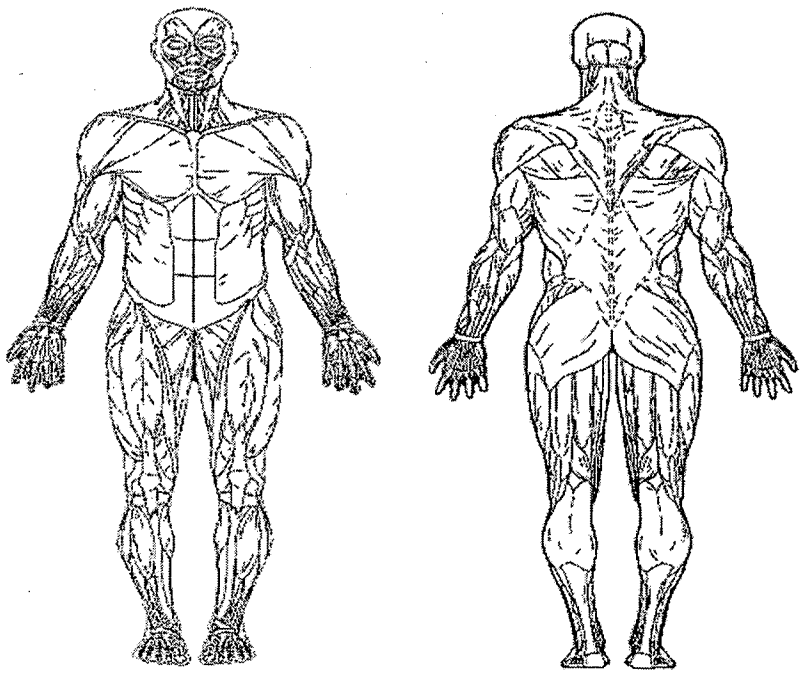

Exhibit 3

City of Houston Accident Report

5. Employee Description of How and Why Injury/Illness Occurred:

6. Nature of injury: (example: laceration, burn, fracture)

7. Cause of injury: (example: fall, trip, struck, caught)

8. ADDITIONAL ACCIDENT INFORMATION	
K. Address where injury/exposure occurred	L. Location at time of incident
M. Activity at time of incident	N. Equipment involved
O. Other items/tools involved	

Name of Person completing form	Title of person completing Form	Date form completed
Employee Signature	**Date Form signed**	

Exhibit 3

COH ON THE JOB INJURY REFERENCE SHEET

(Must be signed by the employee for confirmation of receipt)

For detailed employee benefits and responsibilities see your Summary Workability Guidelines E.O. 1-33 (For Injured Employees) booklet

_____ If required your supervisor will take or direct you to nearest medical facility.

_____ You have your choice of treating doctor. The minor emergency clinic or hospital attended at the direction of your supervisor is not considered your choice of treating doctor. He/she must be on the Approved City and TDI Doctors List, which can be further accessed as described in the booklet, or obtain information from your supervisor. Contact your assigned adjuster as soon as you are aware of your treating doctors information or within 48 hours of accident. The adjuster will need this information to authorize medical treatment.

_____ In this packet you have been given a sheet that contains pharmacies where you can obtain medications, which have been found to be reasonable and related to your on-the-job-injury, at no cost to you. The name of the subcontractor taking care of this WC benefit can be found in your booklet.

_____ You must cooperate with investigation. Complete the accident form with your supervisor, answer supervisor and safety officer questions and expect a call from the Third Party WC Administrator within 48 hours of your injury to take a detail recorded statement.

_____ Any change in work status must immediately be communicated to your supervisor, Administrative coordinator and adjuster to ensure that the proper benefits are initiated or stopped. This will prevent an overpayment causing hardship at time of mandatory reimbursement to the City.

_____ You must contact your adjuster after every doctor's or treating doctors referral visit (this does not include PT visits), if unable to reach your adjuster insure that your message includes; current work status, treatment plan given by the doctor, next office visit date.

_____ Contact your Pension Representative to determine how WC benefits affect your pension and retirement.

_____ Your department will be keeping daily contact as you are required to be available with the exception of medical care, COH business appointments, and meetings with the TDIWC or TPA.

_____ You may be required to attend safety classes while on injury leave.

_____ You have received a booklet as part of your injury packet containing contact numbers, salary continuation policy and quick reference part of the requirements under Executive Order 1-33. The complete executive order can be found at the city website.

_____ It will be deemed that past payments made by City of Houston payroll pending resolution of compensability will be considered as payments of TIBs per Labor Code 408.105. Salary Continuation and accruals will be replenished by the amount of past TIBs owed based on the outcome of dispute resolution.

_____ **I agree that any overpayments paid in any form as well as any other City funds paid to me that should not have been paid to me may be deducted from my future earnings so long as such deductions do not reduce my earnings below minimum wage in any pay period in which such deductions are made. [NOTE: Failure to initial this section renders injured employee ineligible for salary continuation benefits.]**

_____ Initialing here confirms that you have received a copy of this document.

By initialing each bullet point and signing the bottom of this page you agree that your supervisor fully explained each point and that you have received your injury packet, which includes the booklet. Your supervisor will keep your acknowledgement, which will be kept in your personnel file for documentation.

Employee Number: _____ Date of Injury: _____

Employee Signature: _____ Today's Date: _____

Supervisor Signature: _____ Today's Date: _____

COH ON THE JOB INJURY REFERENCE SHEET

(Must be signed by the employee for confirmation of receipt)
For detailed employee benefits and responsibilities see your Summary Workability Guidelines E.O. 1-33 (For Injured Employees) booklet

- If required your supervisor will take or direct you to nearest medical facility.
- You have your choice of treating doctor. The minor emergency clinic or hospital attended at the direction of your supervisor is not considered your choice of treating doctor. He/she must be on the Approved City and TDI Doctors List, which can be further accessed as described in the booklet, or obtain information from your supervisor. Contact your assigned adjuster as soon as you are aware of your treating doctors information or within 48 hours of accident. The adjuster will need this information to authorize medical treatment.
- In this packet you have been given a sheet that contains pharmacies where you can obtain medications, which have been found to be reasonable and related to your on the job injury, at no cost to you. The name of the subcontractor taking care of this WC benefit is CMS.
- You must cooperate with investigation. Complete the accident form with your supervisor, answer supervisor and safety officer questions and expect a call from the Third Party WC Administrator within 48 hours of your injury to take a detail recorded statement.
- Any change in work status must immediately be communicated to your supervisor, Administrative coordinator and adjuster to ensure that the proper benefits are initiated or stopped. This will prevent an overpayment causing hardship at time of mandatory reimbursement to the City.
- You must contact your adjuster after every doctor's or treating doctors referral visit (this does not include PT visits), if unable to reach your adjuster insure that your message includes; current work status, treatment plan given by the doctor, next office visit date.
- Contact your Pension Representative to determine how WC benefits affect your pension and retirement.
- Your department will be keeping daily contact as you are required to be available with the exception of medical care, COH business appointments, and meetings with the TDIWC or TPA.
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Send the specified copies to your Workers' Compensation Insurance Carrier and the injured employee.

*Employers - Do not send this form to the Texas Department of Insurance, Division of Workers' Compensation, Unless the Division specifically requests a direct filling.

CLAIM # _____

CARRIER'S CLAIM # _____

EMPLOYERS FIRST REPORT OF INJURY OR ILLNESS

1. Name (Last, First, M.I.)
2. Sex F ☐ M ☐
3. Social Security Number - -
4. Home Phone ( )
5. Date of Birth (m-d-y) - -
6. Does the Employee Speak English? If No, Specify Language YES ☐ NO ☐
7. Race White ☐ Black ☐ Asian ☐
8. Ethnicity Hispanic ☐ Native American ☐ Other ☐
9. Mailing Address Street or P.O. Box
City State Zip Code County
10. Marital Status Married ☐ Widowed ☐ Separated ☐ Single ☐ Divorced ☐
11. Number of Dependent Children
12. Spouse's Name
13. Doctor's Name
14. Doctor's Mailing Address (Street or P.O.Box)
City State Zip Code

15. Date of Injury (m-d-y) - -
16. Time of Injury : am ☐ pm ☐
17. Date Lost Time Began (m-d-y) - -
18. Nature of Injury*
19. Part of Body Injured or Exposed*
20. How and Why Injury/Illness Occurred*
21. Was employee doing his regular job? YES ☐ NO ☐
22. Worksite Location of Injury (stairs, dock, etc.)*
23. Address Where Injury or Exposure Occurred Name of business if incident occurred on a business site
Street or P.O. Box County
City State Zip Code
24. Cause of Injury(fall, tool, machine, etc.)*
25. List Witnesses
26. Return to work date/or expected (m-d-y) - -
27. Did employee die? YES ☐ NO ☐
28. Supervisor's Name
29. Date Reported (m-d-y) - -

30. Date of Hire (m-d-y) - -
31. Was employee hired or recruited in Texas? YES ☐ NO ☐
32. Length of Service in Current Position Months _____ Years _____
33. Length of Service in Occupation Months _____ Years _____
34. Employee Payroll Classification Code
35. Occupation of Injured Worker
36. Rate of Pay at this Job $_____Hourly $_____Weekly
37. Full Work Week is: _____ Hours _____ Days
38. Last Paycheck was: $_____ for ___ Hours or _____ Days
39. Is employee an Owner, Partner, or Corporate Officer? YES ☐ NO ☐

40. Name and Title of Person Completing Form
41. Name of Business
42. Business Mailing Address and Telephone Number Street or P.O. Box Telephone ( )
City State Zip Code
43. Business Location (If different from mailing address) Number and Street
City State Zip Code
44. Federal Tax Identification Number
45. Primary North American Industry Classification System Code:(6 digit)
46. Specific NAICS Code (6 digit)
47. Texas Comptroller Taxpayer No.
48. Workers' Compensation Insurance Company
49. Policy Number
50. Did you request accident prevention services in past 12 months? YES ☐ NO ☐ If yes, did you receive them? YES ☐ NO ☐
51. Signature and Title (READ INSTRUCTIONS ON INSTRUCTION SHEET BEFORE SIGNING)
X _____ Date _____

CITY OF HOUSTON

Bill White
Mayor

DATE

Employee Name
Address
City, TX Zip

RE: Bona Fide Offer of Employment/Transitional Duty Assignment
Claim #

Dear,

This letter will serve as our offer of a Transitional Duty Assignment that meets the physical restrictions and/or limitations imposed by **TREATING PHYSICIAN**. I have attached a copy of the work status report from Dr. **(NAME)** upon which this offer is based. The Transitional Duty Assignment being offered to you will not exceed the limitations or restrictions stated in the attached work status report.

This position will begin **(DATE)** and continue for a possible (180) calendar days, which is the maximum number of days for transitional duty for the injury date **(DATE)**, or until which time you are released by your doctor to full duty, or until the Transitional Duty Assignment is completed or conditions change. The Transitional Duty Assignment that you are being offered is **(DUTIES)**. This position will not require you to exceed the limitations or restrictions as stated in the work status report.

The location of the employment that is offered to you is ADDRESS. You will be earning the same hourly and weekly rate of pay, **$ per hour and $ per week**. This job is for **40 hours per week or 8 hours per day, 5 days per week**. We are asking that you report to work **Monday through Friday** at **TIME each workday and work until** TIME, **with a** one-hour **lunch**. You will report to **SUPERVISOR** or his designee.

During this Transitional Duty Assignment, you will be required to attend any and all medical appointments as prescribed by your treating physicians. You will be responsible for your own transportation to and from all medical appointments.

You will only be assigned tasks that are consistent with your physical abilities, knowledge, and skills. In addition, we will provide training if necessary.

Should you accept this Transitional Duty Assignment, you will begin work on this date **DATE**.

If you have any questions during your assignment, please direct them to NAME at (713) 837-9XXX.

Sincerely,

Designated Departmental Representative

Employee Signature/ Date

Witness / Date

Witness / Date

cc: Adjuster, File

Council Members: Toni Lawrence Jarvis Johnson Anne Clutterbuck Ada Edwards Addie Wiseman M.J. Khan, P.E. Pam Holm Adrian Garcia
Carol Alvarado Peter Brown Sue Lovell Shelley Sekula-Gibbs, M.D. Ronald C. Green Michael Berry Controller: Annise D. Parker

CLAIM #	
Carrier #	

SUPPLEMENTAL REPORT OF INJURY

Part I EMPLOYER INFORMATION

1. Employer business name	2. Employer phone #
3. Employer mailing address	
4. Insurance carrier name	

5. Does the employer have return to work (RTW) opportunities available based on the injured worker's current capabilities? yes ☐ no ☐
If so, identify contact person and phone # _____ _____

6. Has the insurance carrier provided RTW coordination services within the past 12 months? yes ☐ Date_____ no ☐
7. Has the employer requested RTW training from DWC or the insurance carrier? yes ☐ no ☐
8. Has the insurance carrier provided accident prevention services in the past 12 months? yes ☐ Date_____ no ☐
9. Has the employer requested accident prevention services from the insurance carrier? yes ☐ no ☐

Part II REASON FOR FILING THIS REPORT (deadlines vary, see instructions)

10. ☐ a. The injured worker returned to work in either a full or limited capacity: File this report within 3 days.
☐ b. The injured worker is earning more or less than the pre-injury wage because of the injury: File within 10 days.
☐ c. The injured worker returned, then later had additional lost time or reduced wages as a result of the injury: File within 3 days.
☐ d. The injured worker resigned or was terminated from employment: File within 10 days.

Part III INJURED WORKER INFORMATION

11. Injured worker name	12. SSN	13. DOI
14. Injured worker mailing address and phone #		
15. First day of lost time or reduced wages for this injury (mm/dd/yyyy)	16. First day of additional lost time or reduced wages (mm/dd/yyyy)	

17. Has the injured worker experienced 8 days (cumulative) of lost time or reduced wages as a result of the injury? yes ☐ no ☐
If yes, the date of the 8th day (mm/dd/yyyy) _____

18. Date of most recent RTW _____
☐ Full duty, full pay
☐ Limited duty, full pay
☐ Limited duty, reduced pay

19. Has the injured worker resigned, been terminated or died? yes ☐ no ☐
date of resignation _____ date of termination _____ date of death _____
19a. Reason for resignation/termination _____
19b. Was the injured worker on limited duty when terminated? yes ☐ no ☐

20. Hours the injured worker was working during the pay period of _____ to _____ : _____ hours per week
Indicated hours are:
☐ Increase from pre-injury
☐ Same as pre-injury
☐ Decrease from pre-injury

21. Weekly/hourly earnings for the pay period of _____ to _____ : $ _____ weekly or $ _____
Indicated wages are:
☐ Increase from pre-injury wage
☐ Same a pre-injury wage
☐ Decrease from pre-injury wage

This form to be filed with: ***The employer's insurance carrier and the injured worker in the timeframe as noted in Part II.***

22. To the best of my knowledge the information provided in this report is accurate and may be relied upon for evaluation of eligibility for benefits.
Submitted by: ☐ Employer ☐ Injured Worker *(If no longer working for the employer where injury occurred.)*

_____ _____
Signature and Title of person completing this form Date