



HR – Alternate Duty

City of Crystal Lake Administrative Directive

PURPOSE:

The purpose of establishing an alternate duty procedure is to provide temporary duty/work for employees who are temporarily disabled and cannot be assigned to regular duty but maintain the ability to perform another form of productive work/duty. The duties to be performed by the employee on alternate duty status will always be bona fide work that will be limited in duration and intended for employees who are expected to return to full duty in the near future, but no later than 3 months (with an option to extend the status upon review). Where sections of this directive conflict with an employee's collective bargaining agreement, the collective bargaining agreement shall govern.

The Alternate Duty/Return to Work Program is not a guarantee of continued employment. If the employee has attained maximum medical improvement, is unable to return to his/her regular duties, no further reasonable accommodations can be made to allow the employee to perform the essential functions of his/her position, and no other position is available for which the employee is qualified, the City may terminate the person's employment. Termination of the employment does not preclude provision of Workers Compensation benefits as provided by state statutes.

PROCEDURE:

Eligible candidates for alternate duty must be currently employed by the City of Crystal Lake and be temporarily disabled. Temporary disability is defined as the lack of ability to perform all aspects of the essential functions of the employee's regular position for a period of time that is generally less than 3 months (state laws may dictate longer time for certain positions in workers compensation situations).

Alternate duty will be required for all employees who have been disabled as a result of a City of Crystal Lake work related injury, provided there is bona fide, productive work available and medical approval is obtained by the City. In the case of a work related injury, the employee will keep in constant contact with his/her immediate supervisor or Department Director in regard to his/her medical condition and the projected commencement date for the alternate duty assignment. Should an employee, who has been disabled as a result of a work related injury, be released to work in an alternate duty capacity and that employee refuse a viable alternate duty assignment, workers compensation payments may be terminated.

Alternate duty may also be requested by employees who are disabled as a result of non-work related injuries, who are pregnant, or who are suffering an illness that prohibit them from performing their regular duties. The City of Crystal Lake may approve these requests for alternate duty, if alternate duty is available, and the employee has proper permission from his/her physician and/or an appropriate release from the City's selected physician.

Employees who are restricted from regular duty at the time of the approval of this policy will also be eligible for alternate duty.

HOW THE PLAN WORKS

If a treating physician releases the employee to return to work, but places temporary limitations on the duties the employee is able to perform, the employee is expected to participate in the Alternate Duty/Return to Work Program. (Upon release by the employee's treating or the City's physician to his/her full, unlimited duties, the employee is expected to contact his/her immediate supervisor as soon as possible to make arrangements to return to his/her regular duties and work schedule).

Alternate duty limits the physical demands placed upon the employee with the parameters outlined by the treating physician. Alternate duties are intended to provide the worker with the opportunity to continue contributing to organizational goals while recovering from a temporary work related disability.

Depending on the extent of the employee's disability, the treating or City's physician shall prescribe any appropriate limitations and restrictions. The City's physician will have the final advisory opinion on an employee's alternate duty status. Based on the requirements of the City, employees may be assigned to alternate duty for limited periods of time not to exceed 3 months (with an option to extend upon review by the Department Director or, due to state law requirements, the particular position in a Workers Compensation situation may have a longer alternative duty period and the City would comply with that law).

Employees who have a work related injury must accept Alternate Duty/Return to Work assignments that meet the limitations specified by the treating physician or, the City's physician. Upon recovery, the employee's failure to report for his/her regular work in a timely manner once released to do so by the treating or City's physician may result in disciplinary action up to and including immediate termination. The employee's refusal or failure to fully cooperate with and/or to participate in the Alternate Duty/Return to Work Program may result in a denial of supplemental disability benefits and may result in a reduction of Workers Compensation benefits.

Alternate Duty/Return to Work assignments may not exceed one (1) month without an evaluation (state laws may dictate longer time for certain positions in workers compensation situations). If, at the end of one (1) month, the employee is still unable to return to regular duty, Human Resources and the Department Director will confer on next steps for the employee or a one (1) month extension of the Alternate Duty/Return to Work assignment. If at the end of three (3) months the employee has not been placed in another position and is unable to return to his/her original position, the employee and his/her position will be evaluated further (state laws may dictate longer time for certain positions in workers compensation situations). Each situation will be decided on its own merits.

PHYSICIAN'S ROLE

An eligible employee must be released to return to alternate duty by his/her treating physician. The eligible employee must have his/her physician review his/her job description and complete the City's form (*Return to Work Status Forms*) and bring this completed form to his/her supervisor (who will forward the original to the Human Resources Office). The completed form must detail the following:

- The length of time that the employee is expected to remain on alternate duty
- The exact nature of the work (including duties/limitations) that the employee can and cannot perform
- The date of the next scheduled re-examination to determine any change in the employee's physical status
- A medical opinion as to whether the employee's current disability is permanent or temporary in nature

The employee must provide the above-mentioned information in writing prior to assignment to alternate duty and after each re-examination while on alternate duty status. A City designated physician may be consulted at any time during the alternate duty assignment, in regard to an employee's placement on or removal from alternate duty status. The City's physician will have the final advisory opinion on an employee's alternate duty status.

TYPES OF DUTY/WORK

Projects or tasks assigned to an eligible employee for alternate duty must be legitimate, ongoing, and productive work that does not consist of "manufactured" or "busy" work. Any alternate duties shall not be construed as creating a new or permanent position. Furthermore, these duties must be similar to those contained within each employee's current job description.

An eligible employee who is released by the City's and/or their treating physician to return to alternate duty shall be directed by his/her immediate supervisor as to their job duties and responsibilities under this alternate duty status. These alternate duties must be within any restrictions documented by the City's and/or the treating physician.

Alternate duty can involve, but is not limited to, work assignments to areas other than the eligible employee's regular duty station, division or department. The eligible employee may be assigned to an entirely different division within the department or another department. Coordination of placement of eligible employees into alternate duty will be through the employee's immediate supervisor in conjunction with the Department Director(s) and the Director of Human Resources.

Below are classifications for the treating physician to choose when determining the type of physical activities for the injured employee:

1. **Heavy Work:** Employee may be required to lift loads up to 100 pounds in weight and carry loads up to 50 pounds on a frequent basis. The employee may have frequent tasks involving standing, walking, and sitting.
2. **Moderate Work:** Employee may be required to lift loads up to 50 pounds in weight and carry loads up to 25 pounds in weight on a frequent basis. The employee may have frequent tasks involving standing, walking, and sitting.
2. **Light Work:** Employee may be required to occasionally lift and carry loads that do not exceed 20 pounds in weight. Work duties require some walking, standing, and pushing/pulling motions. The majority of the workday would involve sedentary work. Example: Sort training material, etc.
3. **Sedentary Work:** Employee may be required to occasionally lift materials that do not exceed 10 pounds in weight. The work will mostly require sitting at a desk or

console; however, a certain amount of mobility is required. Workers may be required to stand and walk or move themselves using physical supports such as canes, crutches, walkers or wheelchairs. Example: Answer telephones, file papers, etc.

Use of alternate duty is designed to benefit the employees and the employer. Department Directors are encouraged to outline departmental procedures regarding alternate duty for present and future situations.

If no alternate duties are available or, should any alternative duties become unavailable in the future, the eligible employee will be so informed and may be returned to a Workers Compensation temporary disability status or applicable leave status.

Availability, assignment and continuation of alternate duty will always be at the discretion of the employee's Department Director in conjunction with the Director of Human Resources, in accordance with the guidelines set forth in this policy.

SCHEDULING

Eligible employees assigned to alternate duty will be scheduled through the immediate supervisor, in conjunction with the appropriate Department Director. Alternate duty assignments shall not be in derogation of any existing collective bargaining agreements. However, alternate duty schedules may vary from the employee's regular work schedule or hours. Alternate duty may be for part-time hours, in which case the employee will be paid on a part-time basis and, if applicable, Workers Compensation wages or sick leave will be applied to make up the difference in hours for the regularly scheduled workweek.

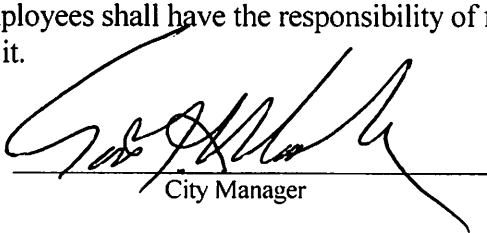
ADMINISTRATIVE REVIEW

An employee assigned to alternate duty may be subject to an Administrative Review at the end of every 30-calendar days. Included in this meeting may be the employee, the immediate supervisor, the Department Director or his/her designee, the Director of Human Resources and the appropriate collective bargaining unit representative, if requested by the employee. This review will consist of an evaluation of the employee's physical status to determine the employee's ability to perform the alternate duty and of the availability of legitimate work. If it is determined that the alternate duty assignment is not meeting the restrictions detailed by the City's physician or the employee's treating physician or the needs of the City, the alternate duty assignment will be terminated.

RESPONSIBILITY:

All City employees shall have the responsibility of familiarizing themselves with this directive and adhering to it.

Approved By: _____


City Manager

Original Effective Date: 2005

Revised: September 28, 2012

Next Review: September 28, 2014

**CITY OF CRYSTAL LAKE
RETURN TO WORK STATUS REPORT**

Patient Name: _____ Date of Birth: _____
 Job Title: _____ (see attached job description for job duties)
 Date of Injury: ___/___/___ Type of Injury: _____

1. [] Patient is unable to work at this time.
2. [] Patient may return to work without restrictions: [] Immediately or [] On ___/___/___
3. [] Patient may return to work with the following restrictions on ___/___/___ or until the employee is re-evaluated on ___/___/___:

PHYSICAL LIMITATIONS	FULL RESTRICTION	PARTIAL RESTRICTION (Please Describe.) ***Attach additional documentation if needed.***	NO RESTRICTION
Sedentary – Lifting/Carrying 0 to 10 lbs.			
Light – Lifting/Carrying 10 to 20 lbs.			
Moderate – Lifting/Carrying 20 to 50 lbs.			
Heavy – Lifting/Carrying 50 to 100 lbs.			
Pulling/Pushing			
Simple Grasping			
Fine Manipulation			
Reaching or Working above the shoulders			
Walking			
Standing			
Sitting			
Stooping/Squatting			
Kneeling			
Bending			
Climbing			
Twisting/Rotating			
Crawling			
Balancing			
Running			
Operating a motor vehicle, tractor, etc.			
Visual and/or Auditory			
Environment Factors (heat, cold, dust, chemicals, fumes, etc.)			

4. Is patient involved with treatment and/or medication that might affect his/her ability to work?

[] No [] Yes, please explain: _____

5. Will patient be required to use any assistive devices or braces?

[] No [] Yes, please explain: _____

6. Other instructions/limitations:

[] Referrals: Name _____ Date ___/___/___ Time _____
 Name _____ Date ___/___/___ Time _____

MD Printed Name: _____ Date ___/___/___

(Please initial this box.)

MD Signature: _____ [] I have reviewed the patient's job description.