

## **Claremont McKenna College Return To Work Program**

Claremont McKenna College is committed to returning injured employees to modified or alternative work as soon as possible. This will be done by temporarily modifying the employee's job or providing the employee with an alternative position. The employee's medical condition along with any limitations or restrictions given by the attending physician will be considered as a priority when identifying the modified/alternative position.

### **PURPOSE:**

This program is intended to provide Claremont McKenna College employees with an opportunity to continue as valuable members of our team while recovering from a work related injury. We want to minimize any adverse effects of an ongoing disability on our employees. This program is intended to promote speedy recoveries, while keeping the employees' work patterns and income consistent. At this time, we benefit from having our employees providing a service and contributing to the overall productivity of our business.

### **SCOPE:**

This program applies to ALL employees of The Claremont Colleges.

### **RESPONSIBILITIES:**

Claremont McKenna College

All injuries and the duration of the disability will be handled by Belinda G. Ochoa.

Belinda G. Ochoa will act as a liaison between Claremont McKenna College, the injured worker, the attending physician and our insurance carrier.

The Disability & Unemployment Department will make sure the appropriate paperwork and forms have been properly handled and submitted to the appropriate parties.

The Disability & Unemployment Department will monitor the modified/alternative work and gather any additional information that may be needed to properly handle the return to work efforts.

### **SUPERVISOR/MANAGERS:**

In the event of an injury, the supervisor/manager will make sure that our employee receives first aid, or if necessary, proper medical treatment at our selected medical clinic. If possible, the supervisor/manager will accompany the employee to the medical clinic. The attending physician shall be notified on the first visit that Claremont McKenna College has a return to work program and that modified/alternative work will be provided. The supervisor/manager will work closely with the Disability & Unemployment Department to coordinate the return to work efforts and will be responsible for introducing the employee back into the work place in the modified/alternative position. Supervisor/manager will make sure that the injured employee receives necessary assistance from co-

workers and that the employee does NOT work outside of his/her restrictions. Monitoring for transition into full duty work will be the supervisor/manager responsibility.

**EMPLOYEES:**

If an injury occurs on the job, the employee is required to report it to their supervisor/manager immediately if the injury requires more attention than first aid; the employee must proceed to our selected provider for occupational injuries. If available, an employer representative will accompany the employee to the medical clinic. Together with the physician, the employee's physical restrictions and limitations shall be discussed. All employees are expected to return to the worksite the very SAME day to report the physician's findings and to discuss modified or alternative work. This will enable all parties to be kept abreast of the employee's condition. Employees that have an injury shall report to the worksite after each visit to discuss his/her recovery.

Once an employee has returned to work it is his/her responsibility to work within the physical limitations that the physician has given. The employee shall perform only those duties that are assigned to him/her. An employee shall immediately notify his/her supervisor of any difficulty in performing the duties. The employee must also notify his/her supervisor in advance of any medical appointments (time off will be allowed for industrial appointments). The employee shall keep his/her supervisor/manager informed of the recovery process and the ability to perform modified/alternative work.

**TEMPORARY JOB OFFER**

DATE:

NAME OF EMPLOYEE:

ADDRESS:

CITY, STATE, ZIP:

DEAR:

Your attending physician, Dr. \_\_\_\_\_, has released you for modified work. We have located a temporary position for you, which your physician feels you will be able to perform successfully. The position will be periodically reviewed. The job is \_\_\_\_\_\* see attached restrictions your physician has given you.

You will be receiving \$\_\_\_\_\_ per (hour/week/month). Our insurance carrier will prorate your workers' compensation benefits if this salary is less than your regular wage. (subject to statutory limits).

We ask that you report to work on:

Date: \_\_\_\_\_ Hours per day/Week \_\_\_\_\_

Time:

Duration of Job:

Report to:

Phone:

Location:

If you receive this letter after the report-to-work date, you have 24 hours to contact the Disability & Unemployment Department.

FAILURE TO REPORT TO WORK COULD AFFECT TEMPORARY DISABILITY COMPENSATION AND COULD MEAN LOSS OF YOUR RE-EMPLOYMENT AND REINSTATEMENT RIGHTS. (SUBJECT TO APPLICABLE LAWS)

We are looking forward to seeing you and wish you a speedy recovery.

Sincerely,

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I ACCEPT THIS JOB AS OFFERED.

Yes       No

Employee's Signature