

**RETURN TO WORK PROGRAM:**

The district's return to work program provides opportunities for injured employees to return to work with medical restrictions as outlined by the treating physician.

An important part of recovering from an injury is returning to work.

Transitional modified/alternate duties and/or changes in your work schedule require approval. The process is a case by case basis as outlined below:

- Provide Risk Management with your treating physician's work status specifying your limitations
- Risk Management will work with your supervisor to evaluate if modified duty within your position is available or if you will be placed in an alternate position on a temporary basis.
- You will be notified of the work options available to you.

Transitional modified/alternate duties will be terminated and the employee placed off work if one of the following occurs:

- The treating physician reports the employee should remain off work temporarily disabled
- The employee's work restrictions can longer be accommodated.
- The employee does not follow all the medical directives of his/her treating physician
- The employee does not have medical improvement, is stagnant in improvement or there is not opportunity to get better.

**READ AND INITIAL EACH ITEM:**

*It is the employee's responsibility to provide a copy of the work status and meet with the Risk Manager, immediately following every doctor visit.*

*"Workers' compensation fraud is a felony"-anyone who knowingly files or assists in the filing of a false workers' compensation claim may be fined up to \$50,000 and sent to prison for up to five years (Insurance Code section 1871.4)*

*Injured employee on leaves are not allowed on any district property, except the district office unless meeting with Risk Management staff.*

*Employee should be prepared to wait for the Risk Manager or designee to discuss status.*

*Employee should be available during duty hours to meet in person, for follow up, interactive, status meetings, etc.*

*Employee may be placed at Transitional Return-To-Work duty, at an alternate site/department, duties, hours. Accommodations will be made per work restrictions.*

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**EMPLOYEE SIGNATURE**

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**DATE**

*If you have any questions, contact the Risk Manager at (760) 955-3201 ext. 10205*

*By signing below, you are acknowledging that you have received and read a copy of these instructions.*