

WORKERS' COMPENSATION
MODIFIED DUTY PROGRAM

CRE-M
(REGULATION)

PURPOSE	To establish a program for employees with work-related injuries/illnesses that allows Modified Duty assignments which are in the best interest of the San Elizario Independent School District (SEISD) and its employees.
POLICY	SEISD employees who become temporarily and partially disabled due to a work-related injury or illness and who have medical expectation of returning to regular full time duty may be assigned to duties consistent with their restricted physical status for a specific period of time. SEISD is not obligated to place an employee on modified duty or to create new positions to accommodate employees in this respect. If no duty can be found to conform with the physician's requirements, or no department supervisor/administrator is able to offer modified duty assignments, then no modified duty will be offered.
DEFINITION	Modified Duty is providing the injured employee with temporary work assignments that meet the restrictions identified by the treating physician. The work required by the employee must be within the limitations set forth by the treating physician. The employee is expected to perform the modified duty with the same diligence, care and effort as their regular duty work.
PROCEDURES	Assignment to the Modified Duty program is at the discretion of the Principal/Supervisor according to the following criteria: • Placement of the injured employee on modified duty will be based on the employee's physical limitations (restrictions) and the availability of modified duty. • A significant need for service that is valuable to SEISD must exist. • The employee must have knowledge, skill and ability to perform the modified duty assignment. • No assignment may be made to modified duty without the approval of the Principal/Supervisor and without a written statement of a physician. • The note from the physician rendering restrictions should not be older than one month. Notes shall be brought in to the Risk Management Coordinator's office after all appointments. • Employees assigned to modified duty will be compensated at their regular rate of pay. • Work assignments shall not exceed twelve (12) weeks. • Modified duty provisions for temporarily disabled employees shall be reevaluated at the time it is determined by a medical authority that a permanent disability exists, or the work restrictions change. Employees who have reached Maximum Medical Improvement (MMI), as certified by a physician, will NOT qualify for modified duty. • The Modified Duty Program Form (Exhibit A) should be properly filled out and returned to Risk Management Coordinator.

MODIFIED DUTY PROGRAM

I hereby certify that I have received and read the Modified Duty Program and that I have been offered temporary employment under this program.

Employee's Signature

Date

Printed Name

Principal/Supervisor's signature

Date

Printed Name