

CITY OF APPLETON POLICY	TITLE: RESTRICTED DUTY POLICY	
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POLICY SOURCE: Human Resources Department	POLICY APPLICATION: All City Employees	TOTAL PAGES: <u>910</u>
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I. PURPOSE

The purpose of this policy is to establish guidelines for temporary limited term restricted duty assignments and to outline the process and administration of the City's restricted duty program.

II. POLICY

It is the policy of the City of Appleton to allow employees, when possible, the opportunity to work in a limited term restricted duty assignment, where the employee is unable to perform full and regular duty due to an injury, illness, pregnancy, childbirth or related medical condition. The availability of limited term restricted duty assignments is exclusively determined by the City and is not intended to constitute a long-term or permanent assignment.

This policy does not limit the rights of employees to seek reasonable accommodations as provided under the Americans with Disabilities Act (ADA).

III. DISCUSSION

The City is committed to providing work, when possible, for employees who have been restricted by a physician because of an injury, illness, pregnancy, childbirth or related medical condition. Restricted duty is temporary and all assignments must be within the employee's documented medical restrictions. Every effort will be made to place employees in positions within their own departments, but if necessary, employees will be placed wherever an appropriate assignment is available. Restricted duty may be at a different location, with different hours and different duties than performed in the employee's regular position.

There is no guarantee of restricted duty work. The City of Appleton may not be able to place all employees with work restrictions on restricted duty assignments. The amount and type of restricted duty work may vary from time to time based on the changing needs of the organization, budget, work restrictions, availability of work, and skill level of the employee. Other considerations may include, but

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are not limited to, whether the employee is taking corrective steps to resolve their medical issue, as well as the employees past pattern of restricted duty usage. Provisions of restricted duty work are at the discretion of the City of Appleton as it determines is in its best interest at the time. Nothing in this policy shall alter, amend or add to the benefits provided to employees through a collective bargaining agreement or other contractual agreement.

IV. DEFINITIONS

- A. **Restricted duty:** A temporary duty assignment, less arduous than the employee's regular job assignments.
- B. **Work-related injury/illness:** Any injury/illness that occurs in the course of and arises out of employment.
- C. **Non work-related injury/illness:** Any injury or illness that does not occur in the course of or arise out of employment.
- D. **Limited Term Assignment:** A non-permanent assignment of short duration, in which the nature and conditions of such assignment do not permit attainment of permanent status for that assignment.

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V. PROCEDURES

- A. Employee:
Employees who are not on worker's compensation and are requesting limited term restricted duty shall submit to their immediate supervisor a completed "Request for Limited Term Restricted Duty" form (Exhibit I) and an "Employee Work Restrictions" form (Exhibit II) completed by the treating physician. The supervisor will sign the acknowledgement and forward to the Human Resources Generalist.
- B. Human Resources Generalist shall:
 - 1. Review the request.
 - 2. Determine if there is a restricted duty work assignment that meets the employee's skills and medical restrictions. When necessary, the employee shall use accrued sick leave or may be placed on medical leave of absence until a request is approved.
 - 3. Contact the employee's supervisor or department coordinator about the availability of restricted duty assignment that meets the employee's medical restrictions within the employee's department. If no work is available within the employee's department, the Human Resources Generalist will consult with departments search the restricted duty project list for other suitable assignments outside the employee's department.
 - 4. Contact the employee's department director or designee about the availability of a suitable assignment outside the employee's department and obtain approval from the department director or designee for such assignment. The Human Resources Generalist shall also secure approval of the department director or designee of assignments of other city employees to their department.
 - 5. Notify the employee of approval or denial of the request. (Exhibit III)
 - 6. If approved, notify the department coordinator and restricted duty assignment supervisor that an employee is being assigned. (Exhibit IV)

C. Appleton Fire Department (AFD) and Appleton Police Department (APD):

- 1. The Appleton Fire Department and Appleton Police Department shall review the "Request for Limited Term Restricted Duty" and determine if a restricted duty work assignment is available

that meets the employee's skills and medical restrictions within their respective department. The AFD and APD shall coordinate restricted duty work assignments for their employees and consult with the Human Resources Generalist on assignments made.

2. If no work is available within the employee's department, the AFD and APD shall forward the request to the Human Resources Generalist.

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VI. ELIGIBILITY

A. Work-related injury/illness

An employee who has suffered a work-related injury/illness is eligible for limited term restricted duty subject to availability of work, skill level, and documented medical restrictions. Modified duty assignments are only available while the employee is subject to temporary restrictions and in a healing period. Availability of modified duty assignments will be re-evaluated every 90 days, for as long as necessary. Upon this re-evaluation, the modified duty assignment may be extended, a different modified duty assignment may be selected or the availability of modified duty may be rescinded.

An employee with a work-related injury/illness who is offered and refuses a limited term restricted duty assignment may forfeit wage benefits under the Worker's Compensation Act.

While on limited term restricted duty for a work-related injury or illness, employees will continue to receive their regular rate of pay. If an employee is only eligible for part-time work in a restricted duty capacity, the remaining time lost will be paid according to applicable contractual agreements, policy and/or the Worker's Compensation Act.

B. Non work-related injury/illness, pregnancy, childbirth or related medical condition

An employee who has suffered a non-work-related injury/illness, is pregnant or has a related medical condition may be eligible for limited term restricted duty subject to availability of work, skill level, and documented medical restrictions.

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The maximum time that an employee with a non-work related injury/illness shall be allowed to work on limited term restricted duty is twelve (12) calendar weeks (cumulative) in a twelve (12) month period measured from the date that the limited term restricted duty assignment is approved. The week in which modified duty begins shall count as week one, even if only a partial week was worked on modified duty. All partial weeks of modified duty shall be counted as a full week. A calendar week is defined as Monday through Sunday.

Employees shall be allowed to work on limited term restricted duty for twenty four calendar weeks (cumulative) for each pregnancy, childbirth or related medical condition, measured from the date that the limited term restricted duty assignment is approved. The week in which modified duty begins shall count as week one, even if only a partial week was worked on modified duty. All partial weeks of modified duty shall be counted as a full week. A calendar week is defined as Monday through Sunday.

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An employee who has concluded ~~the his/her~~ maximum allowable time on restricted duty assignment and who is not able to return to full duty, will be placed on medical leave of absence in accordance with contract provisions and/or City policy, and in accordance with the Family Medical Leave Act (FMLA).

While on limited term restricted duty for a non-work related injury/illness or for pregnancy, childbirth or related medical condition, an employee may receive a rate of pay different from ~~his/her~~the employee's regular rate. The employee may be paid at a rate that is consistent with the job ~~he/she~~the employee is performing on restricted duty and not necessarily the employee's regular rate of pay.

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VII. RESPONSIBILITIES

A. Employee's Responsibilities

1. All employees are expected to follow their physician's recommendations, medical restrictions, and limitations, at all times, both on and off the job. Any employee, whether on or off duty, who disregards ~~his/her~~the employee's restrictions or engages in conduct inconsistent with those restrictions may be subject to discipline, up to and including discharge.

Under no circumstances shall an employee perform work that is outside of the physician's work restrictions.

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2. Employees are expected to cooperate fully with the City and return to work on either full duty or restricted duty as quickly as possible. Additionally, employees with a work-related injury or illness are expected to cooperate fully with the City's third-party administrator.
3. Employees will be required to comply with all other rules and regulations while working on restricted duty assignment.
4. Employees are responsible for furnishing a written updated "Employee Work Restrictions Form" of their medical condition to the Human Resources Generalist after each physician's visit or at thirty (30) day intervals from their last physician's visit.
5. Employees will be expected to submit a completed "Employee Work Restrictions" form or an equivalent physician's certification form prior to returning to full duty. Employees may be subject to a fit for duty evaluation prior to returning to unrestricted duty.
6. Employees are expected to work diligently and efficiently to the best of their ability or assignment may be terminated.

B. Supervisor's Responsibilities

1. Supervisors shall be responsible for monitoring that employees do not perform work outside of the treating physician's restrictions. -This includes monitoring the authorized number of hours the employee is released to work on restricted duty.
2. Supervisors are required to maintain strict confidentiality regarding the employee's injury, illness, pregnancy, ~~childbirth or related medical condition~~ and/or limitations.
3. Supervisors of the department/division that has the restricted duty assignment shall be responsible for the supervision of the employee assigned to perform the assignment.
4. Supervisors are responsible for contacting the Human Resources Generalist regarding any problems with performance and/or limitations involving the employee on restricted duty.
5. Supervisors are responsible for submitting the appropriate paperwork to the HR Safety Coordinator regarding request for restricted duty assignments.

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C. Human Resources Generalist Responsibilities

1. The Human Resources Generalist shall be responsible for managing the restricted duty program including coordination and priority of restricted duty projects and coordination of a department contact list.
2. The Human Resources Generalist shall monitor the length of time an employee is working on restricted duty assignment to ensure compliance with the maximum allowable time for non-work-related and pregnancy, childbirth or related medical condition restricted duty assignment.
3. The Human Resources Generalist shall ensure that the restricted duty assignment is within the employee's work restrictions.
4. The Human Resources Generalist shall be responsible for securing approval from the department director or designee before placing an employee on assignment within their department and before placing one of their employees on an assignment in another department.

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D. Department Coordinator Responsibilities

1. Each department ~~contact~~ coordinator shall ~~be responsible for timely response to the HR Generalist in updating the restricted duty project list and shall~~ keep the Human Resources Generalist informed on the status of restricted duty projects.
2. Each department coordinator shall be responsible for coordinating an employee's assignment to restricted duty within their respective departments. This shall include working with the supervisor of the restricted duty assignment and forwarding a copy of the "Department Notification of Restricted Duty Assignment" form (Exhibit IV) to the supervisor.

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E. Department Director or designee ~~R~~Responsibilities

1. Department directors or designees shall be responsible for approving all restricted duty requests for their employees.
2. Department directors or designees shall be responsible for approving assignments of other ~~C~~eity employees to their department.

VIII. PRIORITY OF ASSIGNMENT

Requests for limited term restricted duty assignments will be prioritized based on the following:

1. Work-related injury/illness,
2. Non work-related injury/illness, pregnancy, childbirth or related medical condition

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Employees already working a limited term restricted duty assignment may be displaced from an assignment to accommodate a subsequent work-related request for limited term restricted duty assignment. Assignment of limited term restricted duty shall be at the discretion of the Human Resources Department.

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An employee working restricted duty assignment will stay on restricted duty, provided there is restricted duty work available until one of the following:

- The restricted duty assignment is completed.
- The employee is released to full duty by the treating physician.

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- The physician determines that the employee is permanently disabled from performing the ~~the~~ employee's job.
- The employee has reached the maximum time allowed for restricted duty assignment.

IX. RETURN TO WORK

Prior to returning to work, the employee may be required to undergo a fit for duty examination with a doctor chosen by the City or may be required to sign an authorization allowing the City physician to speak with the employee's treating physician. This decision will be at the sole discretion of the employee's Department Director and Human Resources Director.

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The employee must have ~~the treating his/her~~ physician complete the "Employee Work Restrictions" form (Exhibit II) or equivalent form indicating that the employee is able to return to work without restrictions. This form must be submitted to the employee's supervisor prior to returning to work. The supervisor will forward a copy to the Human Resources Generalist.

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EXHIBIT I

REQUEST FOR LIMITED TERM RESTRICTED DUTY

TO: Supervisor/Human Resources Generalist

FROM:

DATE:

I am requesting limited term restricted duty. With this request, I am providing a physician's certification, which outlines my limitations/abilities and possible duration.

While working in restricted duty status, I understand the following rules will apply:

1. While on limited term restricted duty, my assignment will depend on the work available and the nature of my injury/illness. My work week/hours may be adjusted to facilitate this duty assignment. The City reserves the right to discontinue limited term restricted duty assignments at any time.
2. I will follow all applicable City Policies and departmental rules and regulations while working in a limited term restricted duty capacity. This shall include reporting time worked, reporting timely to work, reporting any medications that I may be on, etc.
3. I will follow all of the physician's recommendations, medical restrictions and limitations at all times both on and off the job.

I have read the above as well as the Restricted Duty Policy, and agree to limited term restricted duty status as outlined in both. I further understand that this arrangement is temporary and is an accommodation for my temporary medical restrictions.

Signed: _____

Date: _____

Name: _____
(print)

Supervisor Acknowledgement _____

Date _____

**EXHIBIT II
EMPLOYEE WORK RESTRICTIONS**

Patient Name: _____ Current Job: _____

Physician Name (please print): _____

Phone: _____ Fax: _____

Date you saw patient: ____-____-____ Time In: ____- Injury Date: ____-____-____

Full Time <input type="checkbox"/>	2nd shift <input type="checkbox"/>	Mon <input type="checkbox"/>	Fri <input type="checkbox"/>
Part Time <input type="checkbox"/>	1st shift <input type="checkbox"/>	Sun <input type="checkbox"/>	Thurs <input type="checkbox"/>
Seasonal <input type="checkbox"/>	3rd shift <input type="checkbox"/>	Tues <input type="checkbox"/>	Sat <input type="checkbox"/>
Temporary <input type="checkbox"/>	Swing <input type="checkbox"/>	Wed <input type="checkbox"/>	
Next scheduled work day ____ Shift ____			
Shift Supervisor: _____			

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Patient Description of Injury: _____

Diagnosis: _____

Treatment: _____

Prescription strength meds ordered: red:s ☐ Yes ☐ No. Meds: _____

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Plan: _____

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- DISPOSITION: 1. ☐ Patient is unable to work at this time.
2. ☐ Recommend his/herpatient's return to work with no limitations on (DATE): _____
3. ☐ He/ShePatient may return (DATE) _____ with a daily time limitation of _____
and/or with the following limitations until _____ or until re-evaluation on _____.

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CHECK ONLY AS RELATES TO ABOVE CONDITION

☐ **SEDENTARY WORK.** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

N=Never/Not Able	F=Frequent up to 30x/hr.			
O=Occasional up to 4 times/hr.	C=Constant over 30x/hr.			
Specify Restrictions for 24 day				
	N	O	F	C
Sitting/Driving				
Standing/Walking				
Climbing				
Bending				
Kneeling/Squatting/Crawling				
			R	L
Reaching-Horiz./push-pull				
Reaching-Vert./above shoulder				
Gross Handling				
Finger Manipulation				
Single Grasping				
Repetitive Foot Movement				

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☐ **LIGHT WORK.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arms and/or leg controls.

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☐ **LIGHT MEDIUM WORK.** Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.

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☐ **MEDIUM WORK.** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.

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☐ **LIGHT HEAVY WORK.** Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.

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☐ **HEAVY WORK.** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

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OTHER INSTRUCTIONS AND/OR LIMITATIONS: _____

SCHEDULED APPOINTMENTS: _____

SCHEDULED APPOINTMENTS: _____

☐ Referral ☐ Clinic _____ Date: _____ Time: _____ ☐ Referral ☐ Clinic _____ Date: _____ Time: _____

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Time Out: _____ ☐ Called Employer _____ Date: _____ Signature: _____

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I hereby authorize my attending physician and/or hospital to release any information or copies thereof acquired in the course of my examination or treatment for the injury identified on this form to my employer or his representative.

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PATIENT'S SIGNATURE _____

Date _____

PHYSICIAN'S SIGNATURE _____

Date _____

EXHIBIT III
RESPONSE TO
EMPLOYEE REQUEST FOR
LIMITED TERM RESTRICTED DUTY ASSIGNMENT

Employee Requesting Restricted Duty: _____

Employee Department: _____

I have received your release to restricted duty dated _____. The City of Appleton currently **does/does not** have work available that meets the restrictions placed by your physician.

You should report to _____, _____ at _____ on _____.
(person) (location/site) (time) (date)

Your work schedule shall be _____ to _____ from _____
(day of week) (day of week)

_____ to _____. Your rate of pay will be \$_____/hour.
(start time) (end time)

This assignment will include but may not be limited to :

At this time I anticipate this assignment to be available until _____. Extensions or future assignments will be evaluated as your restrictions are updated from your physician. Per the Restricted Duty Policy you are eligible for a maximum of _____ months of restricted duty.

If you have any questions please feel free to call me at 832-6458.

Human Resources Generalist _____ Date: _____

Employee Acceptance: _____ Date: _____

Department Director's authorization: _____ Date: _____

(or Designee)

cc: Department Contact
Supervisor

DEPARTMENT NOTIFICATION OF RESTRICTED DUTY

To: Restricted duty contact list

We currently have an employee who has been placed on restricted duty. The length of this restricted duty is_____.

The employee has the following restrictions:

N=Never/Not Able							F=Frequent up to 30x/hr.
O=Occasional up to 4 times/hr.							C=Constant over 30x/hr.
Specify Restrictions for 24 day							
	N	O	F	C			
Sitting/Driving					Lab Work	Yes ___ No ___	
Standing/Walking							
Climbing					X - Rays	Yes ___ No ___	
Bending							
Kneeling/Squatting/Crawling							
					R	L BIL	
Reaching-Horiz./push-pull							
Reaching-Vert./above shoulder							
Gross Handling							
Finger Manipulation							
Single Grasping							
Repetitive Foot Movement							

- ☐ **SEDENTARY WORK.** Lifting 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers, and small tools. Although a sedentary job is defined as one which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.
- ☐ **LIGHT WORK.** Lifting 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may be only a negligible amount, a job is in this category when it requires walking or standing to a significant degree or when it involves sitting most of the time with a degree of pushing and pulling of arms and/or leg controls.
- ☐ **LIGHT MEDIUM WORK.** Lifting 30 pounds maximum with frequent lifting and/or carrying of objects weighing up to 20 pounds.
- ☐ **MEDIUM WORK.** Lifting 50 pounds maximum with frequent lifting and/or carrying of objects weighing up to 25 pounds.
- ☐ **LIGHT HEAVY WORK.** Lifting 75 pounds maximum with frequent lifting and/or carrying of objects weighing up to 40 pounds.
- ☐ **HEAVY WORK.** Lifting 100 pounds maximum with frequent lifting and/or carrying of objects weighing up to 50 pounds.

Please reply to this message ASAP if you have work available within these restrictions. In your response please include:

- What the work entails-
- Who the person should report to and what location-
- The time you would like for the person to report-
- Anticipated length of the project-

Note: This form is provided to the supervisor of the Restricted Duty Assignment so that they can ensure compliance with the employees work restrictions.

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