



216 Prospect Street
 Port Orchard, WA 98366
 360-876-7014

City of Port Orchard Return to Work: Light Duty Assignment

We are committed to returning our City employee back to work as soon as medically possible and we need your help! Please give this document back to our employee during your visit with them, they are required to return this to us within one (1) business day so we can try and assist in their rehabilitation by providing modified work. **YOU CAN BILL FOR FILLING OUT THIS FORM BY USING L&I CODE 1074M.**

Employee: _____ Department: _____ L&I Claim No.: _____

Date of injury: _____ Today's date: _____ Return visit on _____ First injury/condition of this type? Yes No

Initial Diagnoses: _____ Estimated full-duty release date _____

Treatment Plan (check all that apply)

- Physical Therapy ____ times per week, for ____ weeks Occupational Therapy ____ times per week, for ____ weeks
 Surgery - anticipated date _____
 X-Ray MRI CT Scan EMG Other _____

Referral to other providers: None Neurology Orthopedic Surgeon Psychiatrist/Occ. Med. Rheumatologist Other _____

We have identified four (4) stages of modified duty, unless otherwise specified here _____ (indicate # of hours per day & days per week) we are assuming this modified duty is approved for 40 hours per week. Below please check the appropriate stage to which our employee is released and feel free to cross out or modify any task our employee should not be performing.

Stage 1: Includes such activities as verbally greeting the general public in person and via telephone; directing field personnel in locating addresses, and personnel; answering department phones; filing paper work; monitoring safety compliance; attending trainings; performing public education outreach; and other duties within the physical demands described below.

Standing:	Rare/Occasional	Carrying:	1 - 10 lbs.	Grasping/Handling:	Frequently
Sitting:	Rare/Occasional	Lifting:	1 - 10 lbs.	Bending/Squatting:	Occasionally
Walking:	Rare/Occasional	Push/Pull:	1 - 10 lbs.	Twisting/Climbing:	Rare

Stage 2: In addition to Stage 1, transferring materials to worksites; perform quality control inspections; conduct field inspections; clean & inspect equipment; photograph potential violations; carpool assistant; material issue; and other duties within the physical demands described below.

Standing:	Occasionally	Carrying:	11 - 20 lbs.	Grasping/Handling:	Continuously
Sitting:	Occasionally	Lifting:	11 - 20 lbs.	Bending/Squatting:	Occasionally
Walking:	Occasionally	Push/Pull:	11 - 20 lbs.	Twisting/Climbing:	Rare

Stage 3: In addition to Stages 1 and 2, maintain archival records; loading/unloading and staging of miscellaneous materials; inventory & organize shop materials; operating equipment such as a forklift, or and company vehicles; and other duties w/in the physical demands described below.

Standing:	Frequently	Carrying:	21 - 40 lbs.	Grasping/Handling:	Continuously
Sitting:	Occasionally	Lifting:	21 - 40 lbs.	Bending/Squatting:	Occasionally
Walking:	Frequently	Push/Pull:	21 - 40 lbs.	Twisting/Climbing:	Rare

Stage 4: Return to full duty no restrictions.

DEFINITIONS

- Rare:** 0% - 10%
Occasional: 11% - 33%
Frequent: 34% - 66%
Constant: 67% - 100%

WAC 296-19A-030 requires doctors to respond to requested information in a timely manner, which includes physical capabilities or restrictions.

This form should be returned to the injured employee during their appointment to facilitate a quick return to work. If this is not possible please fax it to 360-895-9029 and it will be forwarded to the department supervisor..

 Doctor Signature **REQUIRED** Date Medical provider name and phone

(Date)

(Worker Name)
(Worker Address)
(Line 2)
(Line 3)

RE: L&I Claim # _____

Dear _____:

According to the medical information that we have received from your doctor, you are able to return to work effective ___/___/___ in a transitional capacity (see attached medical information). We are offering you a **light duty assignment** with the City of Port Orchard intended to help you return to your regular job; the position being offered is that of _____. The details of this offer are subject to all hiring and employment requirements (e.g. reference checking, drug testing, etc...).

The position details follow:

- 1) You will report for duty on ___/___/____. Your shift will begin at ___:___ and will end at ___:____. You will be scheduled for ___ shifts per week.
- 2) You will report to _____, who will act as your direct supervisor.
- 3) Your wage will be \$_____ per hour and you will receive benefits in accordance with our company policy.
- 4) If you have additional medical appointments, you must schedule them outside of work hours unless approved by a supervisor, or scheduled by L&I.
- 5) As necessary, training will be provided to help satisfactorily complete assigned duties not previously performed.

Should you have any questions regarding this letter, please contact me at (360) 876-7014. Please contact me by telephone no later than ___/___/___ to accept or decline this job offer.

Please check the appropriate box below and return this letter to me, by hand, or post-marked no later than ___/___/____. If you do not contact me by ___/___/____, and/or you do not show up for work on ___/___/____, your time loss benefits will most likely end.

_____ I ACCEPT THIS OFFER

_____ I DECLINE THIS OFFER (may affect L&I time loss benefits)

Employee's Signature

Date

Sincerely,

Deborah Howard, PHR, CDMS
Human Resource Coordinator

Encl.: Return To Work Form
Cc: AWC Retro
Department of Labor and Industries