



Stay at Work Program Procedural Manual

Prepared by
Los Angeles Unified School District
Division of Risk Management and Insurance Services



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Stay at Work Program Policy



The Los Angeles Unified School District recognizes that its most valuable assets are its employees and desires to provide them with a safe work environment. As part of its overall risk management program to reduce the administrative and financial impacts of injuries and illnesses on the District and its employees, LAUSD is committed to implementing a comprehensive program to keep injured and/or ill employees in gainful, productive and rewarding employment. This policy ensures the fastest possible recovery for our employees. It is good for our employees. It is good for the education of our students. Participation in the program is mandatory for both the District and its employees. Specifically, the program is designed to:

- ❑ Enable an employee, based upon competent medical opinion, to work within his/her medical restrictions until able to return to his/her usual and customary occupation;
- ❑ Effectively manage disability-related costs, including workers' compensation and health benefits;
- ❑ Improve employee morale and increase productivity;
- ❑ Retain our most valuable resources which are the skills, knowledge and experience of our employees;
- ❑ Enable employees to retain their salary and benefits;
- ❑ Allow employees to retain their sick leave.

Each employee is responsible for reporting all work-related injuries or illnesses immediately to his or her supervisor and advising his or her medical providers that the District provides Stay at Work opportunities that encompass the employee's abilities and work restrictions.

It is the policy of the District that every effort will be made to provide the employee with modified or alternative work that is within the employee's medical restrictions. Reasonable accommodations will be made as needed to accomplish program goals. Although variability in the program may exist because each case is evaluated individually, the outcome shall be consistent with this policy.

The Stay at Work Program is administered by the Division of Risk Management and Insurance Services (Risk Management). All inquiries regarding this policy should be directed to the Division of Risk Management and Insurance Services.

- ❑ Report accidents immediately to your site administrator. For assistance, please contact the Office of Environmental Health and Safety at (213) 241-3199.
- ❑ If medical treatment beyond first aid is required, promptly report the injury or illness to Sedgwick CMS at (800) LAUSDWC.
- ❑ For Stay at Work issues, contact Integrated Disability Management at (213) 241-7630 or disabilitymanagement@lausd.net.

Stay at Work Program Procedures and Guidelines



The Los Angeles Unified School District recognizes that its most valuable assets are its employees. LAUSD is committed to implementing a comprehensive program to help injured or ill employees maintain gainful, productive and rewarding employment. The program will be administered by the Stay at Work department in the Division of Risk Management and Insurance Services and is designed to:

- ❑ Enable an employee, based upon competent medical opinion, to work within his/her medical restrictions until able to return to his/her usual and customary occupation;
- ❑ Improve employee morale and increase productivity;
- ❑ Retain our most valuable resources which are the skills, knowledge and experience of our employees;
- ❑ Enable employees to retain their same salary and benefits;
- ❑ Allow employees to retain their sick leave.

The program does not apply to leaves that are granted for other than personal or industrial illness or injury.

Except as otherwise specified under applicable state and federal laws and collective bargaining unit agreements, employees as well as their site administrators and supervisors are expected to observe the following guidelines. (A checklist is provided in Appendix E to assist supervisors and administrators in implementing the program procedures).

1.0 Absence Reporting

- 1.1 The employee is responsible for notifying his or her immediate supervisor of any unplanned absence such as illness or industrial injury. (Please refer to the applicable collective bargaining unit agreement). At the time the absence is reported, the supervisor shall advise the employee of the Stay at Work Program and the availability of transitional work assignments.

2.0 Medical Certification and Work Ability Form

- 2.1 If an employee's absence extends beyond 5 working days, the supervisor shall, for non-industrial injuries, require that the employee provide medical certification of the absence and shall require a physician to complete the Work Ability Form (Appendix A). The supervisor shall again advise the employee of the Stay at Work Program and the availability of transitional work assignments.
- 2.2 For industrial injuries, Sedgwick CMS will send the Physician's Letter (Appendix B) and the Work Ability Form (Appendix A).
- 2.3 The Physician's Letter (Appendix B) shall accompany the Work Ability Form (Appendix A) to advise the employee's health care provider of the District's Stay at Work Program.
- 2.4 For any workers' compensation injury or illness, the employee's supervisor may be contacted directly by Sedgwick CMS, the District's workers' compensation claims administrator, to determine if transitional work is available. The procedures outlined in this guideline should be followed for both workers' compensation and personal illness or injury.



3.0 Identification of Transitional Assignments

- 3.1 After medical certification and the Work Ability Form are received, the site administrator will determine the appropriate transitional duties. The site administrator will complete the Transitional Assignment Plan (Appendix C), obtain the signature of the employee and send a copy to Risk Management. Additionally, the employee must sign the Employee Responsibilities and Certification Form (Appendix D). This form shall remain on file at the employee's work location. Transitional assignments may not exceed 60 working days without notification and approval of the Return to Work (RTW) Specialist in Risk Management.
- 3.2 The site administrator shall consult with the RTW Specialist if modification of the regular assignment cannot be made. The RTW Specialist and the site administrator will identify the most effective and productive alternate assignment within the work location. The site administrator will complete the Transitional Assignment Plan and forward a copy to Risk Management.
- 3.3 The RTW Specialist will monitor all transitional assignments. If the assignment is approaching 45 working days, the RTW Specialist, in conjunction with the site administrator, will determine if an extension of the assignment is warranted. Determination will be based on the medical prognosis, the effectiveness of the assignment and the availability of other transitional assignments throughout the District.
- 3.4 If an extension of the assignment is not granted by Risk Management and the site administrator or the physician indicates that the work restrictions have become long-term or permanent, the case will be transitioned to the Reasonable Accommodations department within Risk Management.
- 3.5 If it is determined that no transitional assignments are available at the work location, Risk Management will locate appropriate transitional duties at another location that can accommodate the work restrictions. If transitional assignments involve substitute time, aide time or assistive devices, Risk Management must be notified of such expenditure.

4.0 Reasonable Accommodation Process

- 4.1 If the employee can be informally accommodated at his/her work location, the RTW Specialist will document the accommodation. If school-based employees also report to an external operating department, such as School Police, Maintenance and Operations, and Food Services employees, the RTW specialist will involve the operating department in the interactive process. Approval from the appropriate operating department will be required.
- 4.2 If an employee cannot be accommodated with transitional duties, the RTW Specialist will assist the employee with the Reasonable Accommodations process.
- 4.3 See Bulletin S-6 for a detailed description of the Reasonable Accommodation Process.

Stay at Work Program Procedures and Guidelines



5.0 Program Costs

- 5.1 Any costs associated with this program such as salaries for additional aide time, equipment or other such costs, must be approved by Risk Management before duties are assigned.

6.0 Documentation and Tracking

- 6.1 Risk Management shall be the receiving department for all documents related to the program and will be responsible for monitoring the progress of all employees on the program. The site administrator will be responsible for ensuring that all necessary documents are forwarded to Risk Management.
- 6.2 Risk Management shall be responsible for informing Classified and Certificated Human Resources of all employees participating in the Stay at Work Program.
- 6.3 For any absence extending beyond 21 consecutive working days, the employee shall request a leave of absence and submit all required documentation to the appropriate Human Resources Department for processing.

7.0 Program Evaluation

- 7.1 The program will be evaluated for effectiveness and cost reduction on an annual basis. Employees and administrators are therefore encouraged to complete a Program Evaluation Form (Appendix F) at the conclusion of each transitional assignment.

Stay at Work Program Site Administrator and Supervisor Roles and Responsibilities



It is the District's policy for injured employees to resume their duties as quickly as possible. This policy ensures the fastest possible recovery. It is good for our employees. It is good for the education of our students. Site administrators and supervisors are expected to support this policy.

The most important factor in a successful Stay at Work Program is the careful oversight given to the employee's progress and the program management provided by the employee's supervisor or site administrator. You will contribute to the success of both your employee and the Stay at Work Program by:

- ❑ Promoting and providing a safe productive working environment for our employees. You should make every effort to prevent lost time injuries and work-related illnesses and unnecessary absences from work.
- ❑ Optimizing all opportunities for return to work at the earliest appropriate time. Administrators and supervisors must actively participate and encourage employees to return to work in a transitional work assignment. Your refusal to accept an employee's transitional assignment may increase unnecessarily the District's workers' compensation costs.
- ❑ Complying with all policies, procedures and guidelines outlined in this program when returning an employee to work.
- ❑ Requiring all employees injured at work to accurately and promptly report the incident. Timely reporting ensures that the employee will receive the best and most appropriate medical care.
- ❑ Investigating all incidents promptly. Let your employees know that fraudulent claims will be prosecuted to the full extent of the law.
- ❑ Working cooperatively with the Division of Risk Management and Insurance Services to develop return to work strategies for all employees who are injured or ill.

Stay at Work Program

Appendix A: Work Ability Form



Personal Illness Industrial Injury/Illness, WC Claim # _____

Date of Appointment: _____ Date of Next Scheduled Appointment: _____

Last Name	First Name	Employee Number
Job Title	Work Location	Branch/Division

Employee is released to return to Regular Work Duties on (date) _____

Employee is released to Transitional (Modified) Work from (date) _____ to (date) _____

	No Restriction	Total Hours per Day Able to Perform						Total Continuous Hours Able to Perform					
		8+	6-8	4-6	2-4	0-2	0	8+	6-8	4-6	2-4	0-2	0
<input type="checkbox"/> Stand/Walk	<input type="checkbox"/>												
<input type="checkbox"/> Sit	<input type="checkbox"/>												
<input type="checkbox"/> Bend	<input type="checkbox"/>												
<input type="checkbox"/> Squat	<input type="checkbox"/>												
<input type="checkbox"/> Stoop	<input type="checkbox"/>												
<input type="checkbox"/> Kneel	<input type="checkbox"/>												
<input type="checkbox"/> Climb	<input type="checkbox"/>												
<input type="checkbox"/> Twist	<input type="checkbox"/>												
<input type="checkbox"/> Crawl	<input type="checkbox"/>												
<input type="checkbox"/> Push/Pull	<input type="checkbox"/>												
<input type="checkbox"/> Right hand													
<input type="checkbox"/> Left hand													
<input type="checkbox"/> Reach	<input type="checkbox"/>												
<input type="checkbox"/> Right Hand													
<input type="checkbox"/> Left Hand													
<input type="checkbox"/> Above shoulder													
<input type="checkbox"/> Grasp	<input type="checkbox"/>												
<input type="checkbox"/> Right Hand													
<input type="checkbox"/> Left Hand													
<input type="checkbox"/> Fine Manipulation	<input type="checkbox"/>												
<input type="checkbox"/> Right Hand													
<input type="checkbox"/> Left Hand													
<input type="checkbox"/> Use Keyboard	<input type="checkbox"/>												
<input type="checkbox"/> Lift ____ lbs.	<input type="checkbox"/>												
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/>												

Number of hours per day if less than full-time assignment

Is the employee restricted by environmental factors, such as heat/cold, dust, heights, chemicals, fumes, gases, odors noise?
 No Yes, please explain _____

Employee is unable to work from (date) _____ to (date) _____ Next appointment (date) _____

Released from care (date) _____

Other instructions, restrictions, or comments _____

Physician Name: _____ Physician Signature: _____ Date: _____
(Print)

Physician Address: _____ Physician Telephone Number: _____

Employee Signature: _____ Date: _____

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Appendix B: Physician's Letter



Date:

To the Health Care Provider for

Employee Name: _____

Employee Number: _____

Work Location: _____

The Los Angeles Unified School District is committed to providing modified/alternate work assignments for its employees who are recovering from injuries or illness. The Stay at Work/Return to Work Program is designed to enable school district employees to safely perform modified work as they recover.

As the health care provider of our employee, we need your assistance so your patient can continue to perform meaningful work.

Please complete the enclosed Work Ability Form, and give it to your patient so that he/she can submit it to his/her supervisor. This form may also be faxed to the work location at _____ or to the Division of Risk Management and Insurance Services at (213) 241-6778.

If you have any questions, please contact the Division of Risk Management and Insurance Services at (213) 241-7630.

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Appendix C: Transitional Assignment Plan



This form will be utilized to prepare and document transitional assignments. Most assignments will last up to 60 working days and will allow for continuation of work while an employee is recovering from an injury or illness. Please attach the Work Ability Form (Appendix A) or other description of work restrictions or capabilities from the treating physician.

Employee Name	
Employee Number	
Job Classification	
Work Location	
Site Administrator	
Immediate Supervisor	

Identification of Modified/Alternate Assignment

- Modified/Alternate assignment will be effective from _____ to _____.
(Insert dates – not to exceed 60 working days unless prior approval is given by the Division of Risk Management and Insurance Services)
- This plan will be reviewed with the employee and updated on the following date:
_____. (Reviews shall be conducted biweekly at a minimum)
- It is understood by all parties that these are temporary arrangements designed to allow LAUSD employees to continue to work while recovering from illness or injury, and do not represent a permanent change of duties, responsibilities, or classification. It is also understood that any problem which may arise should be discussed openly and supportively. If assistance is required, please call the Division of Risk Management at (213) 241-7630.

Employee Signature

Date

Site Administrator Signature

Date

Stay at Work Program

Appendix D: Employee Responsibilities and Certification



Welcome to the Stay at Work Program. It is the District's policy for injured employees to resume their duties as quickly as possible. This policy ensures the fastest possible recovery. It is good for our employees. It is good for the education of our students.

Your doctor has released you to transitional duty until you are able to perform your usual and customary job. Based on the work restrictions outlined by your doctor, your job may be temporarily modified. Or you may be placed in a different assignment that will provide you the opportunity to perform productive work as you are recovering and transitioning back into your regular assignment.

This program will allow you to continue to receive your full pay while you are recovering, without impacting your vacation or illness benefits. If you are only able to work part time, you may be eligible to use your paid benefits to supplement your salary.

The Program's success and effectiveness rely on compliance with its policies and procedures. You have the following responsibilities while you are participating in the Stay at Work Program:

1. Transitional assignments will not exceed the work restrictions set by your doctor. It is your responsibility to ensure you do not work beyond those limitations outlined in the Transitional Assignment Plan and the Work Ability Form.
2. Refusal to accept a transitional assignment may affect your entitlement to workers' compensation benefits.
3. If you are a full-time employee, it is your responsibility to work the appropriate number of hours. If you have been released to return work on a part-time basis, your hours will be adjusted accordingly and it is your responsibility to observe those work hours.
4. You are encouraged to schedule doctor appointments and therapy appointments at times when you are not scheduled to work. If you must leave your job to attend doctor or therapy appointments, you must receive prior approval from your supervisor. Flexible scheduling will be encouraged during your participation in this program.
5. You will complete your timecard in the normal way, but it should reflect the dates that you are in the program. Hours worked in the transitional work assignment will be considered as regular time in computing eligibility for benefits, pay and seniority. Therefore, it is expected that you will perform your transitional work assignment in a responsible and professional manner.
6. You must abide by the work safety rules at the location of your modified/alternate work assignment at all times.
7. If the transitional work assignment is beyond your abilities, contact your supervisor immediately.
8. You must provide certification for all medical absences from work, including therapy and doctor appointments. Proper leave of absence forms must be completed and submitted when appropriate.
9. When you are released by your health care provider to your usual and customary duties, inform your supervisor and your RTW Specialist immediately.

If you have any questions, please discuss them with your supervisor, or contact the Division of Risk Management and Insurance Services at (213) 241-7630.

Employee Signature

Print Name

Date

Stay at Work Program

Appendix E: Supervisor's Checklist



This checklist is provided to assist the supervisor in complying with all sections of the procedural guidelines of the Stay at Work Program.

- ❑ Ensure all employees are aware of their responsibility to report any unplanned absence in accordance with applicable collective bargaining unit agreement or Personnel Commission rules.
- ❑ Upon notification of an absence, determine if absence is related to a work-related injury or illness. If the employee indicates a work-related injury or illness has occurred, report the injury to Sedgwick CMS, the District's claims administrator, at (800) LAUSDWC.
- ❑ Maintain frequent communication with your injured employee. Inform your employee that transitional work assignments are available.
- ❑ Provide employee or employee's physician with a completed Physician's letter (Appendix B) and Work Ability Form (Appendix A).
- ❑ If absence extends beyond 5 working days, require employee to provide medical certification for the absence.
- ❑ If absence extends beyond 20 days, provide employee with appropriate leave of absence forms.
- ❑ Upon receipt of the work ability form, identify appropriate transitional assignments. If a transitional assignment cannot be identified, contact the RTW Specialist for assistance at (213) 241-7630.
- ❑ Complete the Transitional Assignment Plan (Appendix C).
- ❑ Ensure employee completes the Employee Responsibilities and Certification Form (Appendix D).
- ❑ Forward all documentation to the Division of Risk Management and Insurance Services
- ❑ Complete the program evaluation form and forward to the Division of Risk Management and Insurance Services at:

333 South Beaudry Avenue, 28th Floor
Los Angeles, CA 90017
Attention: Demetrius Patrick

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Appendix F: Program Evaluation



The Stay at Work Program will be evaluated on an annual for effectiveness and cost savings benefits. Employees and administrators are encouraged to complete the Program Evaluation form below at the conclusion of each transitional assignment.

Please check one:

- Supervisor
- Employee

Communication	N/A	Poor	Fair	Good	Excellent
Your level of awareness of the Stay at Work Program prior to participation					
Communication between employee and supervisor and/or administrator during participation					
Communication with the Division of Risk Management and Insurance Services					
Level of assistance provided by the Division of Risk Management and Insurance Services					
Overall experience participating in the Stay at Work Program					

Procedures and Guidelines	N/A	Poor	Fair	Good	Excellent
Understanding of the procedures and guidelines					
Understanding of your role in the Stay at Work Program					
Ability in follow written procedures and guidelines					
Required forms					

Recommendations for program improvement:

Comments:
