City of Laredo

Human Resources Department

Employee Health & Wellness Division

Return to Work Policy & Procedure

I hereby acknowledge that I am in receipt of the complete *Return to Work Policy & Procedure*. I have been explained the policy and procedure and understand my responsibilities as a City of Laredo employee under the Return to Work Program.

_____	_____
Print Name	**SSN**
_____	_____
Employee Signature	**Date**
_____	_____
Witness Signature	**Date**

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CITY OF LAREDO
RETURN TO WORK POLICY

A. Return to Work Policy Statement

It is the policy of the City of Laredo to provide a return to work program as the means of returning employees to meaningful productive employment following an Injury or Illness. In order to provide the highest level of quality service to the citizens of Laredo, it is necessary for every employee of the city to be available for work, ready and capable of performing the duties and responsibilities for which the employee was hired. If the injured or ill employee is not able to be returned to regular work within six months, he/she will be evaluated for ADA consideration. If he/she does not qualify for ADA consideration, they will be placed on inactive status, and terminated at the end of 260 work days of lost time due to business necessity, unless otherwise specified by the Collective Bargaining Agreements of Police and Fire and Chapter 143, Municipal Civil Service of the Texas Local Government Code.

The return to work program enables a regular full-time employee to return to work at full duty if the employee has a disability as defined by the Americans with Disabilities Act (ADA); has limitations as a result of a work-related Injury sustained during the course and scope of employment; or has a serious health condition as defined by the Family Medical
Leave Act (FMLA), and will run concurrently starting on day one of lost work time. If the employee is not physically capable of returning to full duty, the return to work program will temporarily assign the employee to either Modified Duty or Alternate Duty. Modified Duty will allow the employee to perform the essential functions of his regular position to the employee's physical capacities for a period not to exceed 180 work days. Alternate Duty will assign the employee to a position In the same department or another department for a period not to exceed 90 workdays. An extension for Alternate Duty positions may be granted at the City Manager's discretion. Modified Duty positions and Alternate Duty positions will be assigned only If available and must have the Department Director's approval.

Participation, in the return to work program shall not be construed as recognition by the City, its management, or its employees as having a disability as defined by the Americans with Disabilities Act (ADA) of 1990. To the extent reasonably feasible, it is the employee's responsibility to inform the supervisor or management that a disability under the ADA exists and reasonable accommodation Is necessary to perform the essential job functions of their job.

Specific procedures and guidelines will be provided regarding the return to work program.
All employees of the City of Laredo are required to comply with procedures and guidelines as specified In the Return to Work Policy.

_____ _____

Signature **Date**
Joseph Neeb, City Manager

B. Return to Work Procedure

1. Definitions - The following definitions apply to this procedure:

1.1 Serious Health Condition: An illness, injury, impairment, physical, or mental condition that involves inpatient care in a hospital, or residential medical care facility, including any period of incapacity; or continuing treatment by a health care provider, including a period of incapacity.

1.2 FMLA Leave: Federal leave entitlements of up to 12 weeks of unpaid leave when an eligible employee is unable to work because of a serious health condition. The absence from work must be a period of incapacity of more than three consecutive calendar days. The leave is normally continuous, but may be taken intermittently or on a reduced leave schedule. Employees will be notified that FMLA will run concurrently with sick leave, workers compensation, and serious illness pool. Documentation from treating physician is required.

1.3 Lost Work Days: Time spent away from work at the direction of the treating doctor as a result of a serious medical illness or a compensable injury sustained in the course and scope of employment. Working in a temporary assignment, modified or alternate duty is not counted as lost time.

1.4 Full Duty: Performance of all duties and tasks of the positions for which the employee was employed. Full duty entails performing all essential and non-essential functions of the employee's regular job.

- **a. essential function** The fundamental duties of the position. A task may be essential because the position exists to perform the function; or a function may be essential based on the number of other employees available to perform the task or among whom the responsibility of doing so can be distributed; or a function may be essential if it requires a certain degree of skill or specialization.
- **b. non essential** The duties of a position that anyone else can perform.

1.5 Temporary Assignment: Performance of a temporary job assignment that is intended to return an injured employee to work at less than his or her full duties when a compensable injury or serious medical condition prevents the employee from working full duty. Two types of temporary assignments are modified duty and alternate duty. They are not counted as part of 260 lost work days.

- **a. modified duty:** Performance of all the essential functions, but only a portion of the nonessential functions and tasks of the regular job, and performing those duties and tasks that are within the capabilities of the employee given the restrictions to duty imposed by the treating physician.

Modified duty is a temporary arrangement until the injured employee can resume full duty and limited to 180 days. If the employee is qualified as defined under the ADA (Americans with Disabilities Act), then modified duty may become a permanent arrangement as a reasonable accommodation, if it does not create an undue hardship on the city.

b. alternate duty: Performance of the essential functions of a job or position other than the position for which the employee is employed. Alternate duty allows the employee to temporarily perform other duties and tasks that are within the restrictions to duty imposed by the treating physician. Such alternate duty may be physically located in the same facility or in some other facility.

Alternate duty is a temporary arrangement until the injured employee can resume full activities of his/her regular job. If the employee is a qualified individual with a disability as defined under the Americans with Disabilities Act (ADA), then alternate duty may become a permanent arrangement as reasonable accommodation, if the accommodation does not create an undue hardship on the city. Alternate duty is limited to 90 work days. One additional extension, not to exceed 90 days, may be granted and must be approved by the City Manager and the Department Director.

1.6 Undue Hardship: An action requiring significant difficulty or expense, an example may be an action that is unduly costly, extensive, substantial or disruptive, or that will fundamentally alter the nature of the employer's business.

1.7 Reasonable Accommodation: Any change in the work environment or in the way things are customarily done that enables an individual with a disability to enjoy equal opportunities.

2. Prohibited Actions - This return to work policy and procedure shall not be applied to any situation or circumstance in a manner that discriminates on the basis of race, color, sex, national origin, religion, or disability. It is a violation of the return to work policy, procedure and state or federal law for any employee, supervisor or manager of the city to:

2.1 Discharge or in any other manner discriminate against an employee of this city because the employee:

a. Files a workers' compensation claim;
b. Hires a lawyer to represent the employee in a workers' compensation claim;
c. Institutes or causes to be instituted in good faith a proceeding under the Texas Workers' Compensation Act;
d. Testifies or is about to testify in a proceeding under the Texas Workers' Compensation Act.

2.2 Discharge or in any other manner discriminate against an employee of this city because the employee:

a. Opposes any practice made unlawful by the FMLA;
b. Has filed any charge, or has instituted or caused to be instituted any proceeding relating to any right provided under the FMLA;
c. Has given, or is about to give, any information in connection with any inquiry or proceeding relating to any right provided under the FMLA;
d. Has testified, or is about to testify, in any inquiry or proceeding relating to any right provided under the FMLA;
e. Interfere with, restrain, or deny the exercise of or the attempt to exercise any right provided by the Family Medical Leave Act (FMLA).

2.3 Discriminate on the basis of disability against an employee of this city who is a qualified individual with a disability under the Americans with Disabilities Act (ADA) in regard to

a. Job assignments, job classifications, organizational structures, position descriptions, lines of progression, and seniority lists.
b. Leaves of absence, sick leave, or any other leave.
c. Upgrading, promotion, award of tenure, demotion, transfer, layoff termination, right of return from layoff, and rehiring.
d. Rates of pay or any other form of compensation, changes in compensation and fringe benefits available.
e. Selection and financial support for training; or social and recreational activities.

2.4 Limit, segregate, or classify a job applicant or employee in a way that adversely affects his or her employment opportunities or status on the basis of disability.

2.5 Require a medical examination of an employee who is disabled as defined under the ADA, unless the medical examination is job related and consistent with business necessity.

2.6 Make inquiries as to whether an employee is an individual with a disability or as to the nature or severity of such disability.

3. Position Descriptions

3.1 All Department Directors/Designees are responsible for identifying, defining, documenting and maintaining the essential and non-essential functions for all positions for which they are responsible.

3.2 The physical requirements of the position should be included in all position descriptions as either an essential or non-essential function.

3.3 All position descriptions shall be reviewed on an as needed basis, and must be submitted for approval to the personnel officer.

4. Return to Work Coordinator

4.1 The employee health nurse is the Return to Work Coordinator.

4.2 The Return to Work Coordinator shall be responsible for coordinating all activities associated with the return to work program, unless specific duties are otherwise assigned to another person or position.

4.3 The Return to Work Coordinator shall also develop, maintain, and provide an appropriate training module for inclusion in new employee orientation training.

4.4 The Return to Work Coordinator shall also develop, maintain and provide an appropriate refresher training module for presentation to employees on an as needed basis.

5. Employee Participation in the Return to Work Program

5.1 In order for a regular employee of this city to be eligible to participate in this return to work program, the employee must have:
a. Sustained a compensable injury as defined in the Texas Workers' Compensation Act that results in lost time away from work.
b. A serious health condition as defined by the Family and Medical Leave Act.
c. A disability as defined by the Americans with Disability Act**.**

5.2 An employee who meets the above criteria shall participate in the program. If the employee refuses to participate, disciplinary action will be taken and the employee will be terminated based on business necessity pursuant to personnel policies or as per Collective Bargaining Agreement of Police and Fire and Chapter 143 Municipal Civil Service of the Texas Local Government Code.

6. Notification of Injury or Illness

6.1 An employee who sustains an injury or illness either on or off the job will give written notification to the supervisor, or a person in a management position, that an injury or serious health condition exists.

6.2 The notification should occur at the earliest possible time after occurrence of injury or knowledge that a serious health condition exists.

6.3 Notification should occur within 24 hours of the injury or when the serious health condition first manifests itself In order to receive workers' compensation benefits, an employee must give notice of injury within 30 days or the claim may be denied.

7. Authorization for Leave and Lost Time

7.1 An employee who must miss work due to a compensable injury and/or a serious health condition must be authorized by a health care provider to be off work. It is the employee's responsibility to provide such documentation to his/her supervisor after three lost working days. The employee can be disciplined for unauthorized lost work time.

7.2 A "Certification of Physician or Practitioner" form is attached to this procedure for this purpose. If an employee is disabled as defined under the ADA, the request for information must be job-related, consistent with business necessity and cannot inquire as to the nature or severity of the injury.

7.3 In general, the treating health care provider's certifications shall be provided by the employee to the supervisor according to the following timelines:

a. When the employee knows in advance that FMLA is necessary, the certification form shall be provided to the supervisor a minimum of three working days prior to the time when the leave will commence.
b. When the employee cannot know in advance that leave is necessary, the certification form should be provided to the supervisor within a maximum of three calendar days after the initial visit to the health provider.

7.4 The employee's Director or Designee shall coordinate with the Employee Health Nurse and provide a copy of the employee's job description and physical job requirements to the employee to take to the health care provider to assist the health care provider to determine whether the employee can perform the essential functions of the job.

8. Substitution of Paid Leave for Unpaid Leave

8.1 If an employee is injured off the job or has a serious illness, accrued annual leave, sick leave, or serious illness pool if eligible, must be used before unpaid leave is taken.

8.2 If a compensable work-related injury or illness is involved, the employee is not required to use all accrued annual or sick leave. Workers' Compensation will start paying benefits on the eighth day of the disability. Police and firefighters are an exception to this due to their collective bargaining status.

9. Periodic Status Reports

9.1 If an employee is certified by a health care provider to be off work, the employee is required to submit periodic status reports to his/her supervisor to report the employee's status and intention to return to work. Such status reports are required at the time of each scheduled visit with the treating health care provider and are due immediately following the visit.

9.2 A "Return to Work Status Report" form is attached to this procedure for this purpose. The status report should be provided to the supervisor within twenty-four hours after the scheduled visit, or if a weekend or holiday is involved, before close of business on the next scheduled workday as applicable.

9.3 If an employee has returned to work in a temporary assignment, and follow/up healthcare provider appointments are necessary, the employee shall schedule the appointments to minimize time away from the job.

10. Communications with the Employee

10.1 At the time of first communication with the employee, the Return to Work Coordinator shall provide information to the employee that contains the following as appropriate:

a. The City's Return to Work Policy and Procedure, and appropriate forms.

10.2 If a job-related injury or occupational disease occurs, the following information will be provided to the employee:

a. Notification that the City of Laredo provides workers' compensation benefits to employees who sustain compensable job-related injuries and/or occupational diseases;
b. How medical expenses and income payments are made;
c. How employee's health benefits are continued;
d. The name, location, and telephone number of the local Texas Workers' Compensation Commission's (TWCC) field office;
e. The name of the ombudsman at that office;
f. The notice will state that the employee has a right to information and assistance from TWCC ombudsman with his/her claim;
g. Information will be provided to the employee regarding employee rights under the Texas Workers' Compensation Act.

10.3 The following information will be provided to the employee regarding FMLA leave:

a. Information regarding the employee's FMLA entitlement;

b. How employee health benefits are continued;
c. Required certifications from health care provider.

10.4 The return to work coordinator is responsible for maintaining regular, weekly communications with the employee. The purposes of these communications are to:

a. Encourage the employee during recuperation from the injury;
b. Communicate the value of the employee to the city;
c. Encourage return to work at the earliest possible date.

11. Communications with the Texas Worker Compensation Commission

11.1 The Department Director/Designee is responsible for submission to Risk Management, all required reports and other important documents in the city's possession regarding a workers' compensation claim, including the "Certification of Physician or Practitioner Form" and the "Return to Work Form". They should be submitted within 24 hours and notification made to The Risk Management Department.

11.2 Timely submission of reports and forms is necessary to promptly initiate Workers' Compensation benefits, or cease payment of benefits when the employee returns to work. All reports and forms shall be submitted in a timely manner in accordance with requirements of the Texas Workers' Compensation Act.

12. Temporary Assignment Positions

12.1 If an employee is certified by the health care provider to return to work to less than full duty, the city may provide a temporary assignment position to the employee. Directors and managers will identify temporary modified or alternate duty positions to facilitate return to work based on the business necessity of filling the employee's position, the employee's entitlements to Family Medical Leave, the availability of temporary assignments and other appropriate factors.

12.2 These temporary assignments shall be coordinated with the Return to Work coordinator/designee and/or administrative services director/designee. The maximum length of time that a temporary assignment may last must be based on relevant factors including the business necessity of the employee's original position being filled.

12.3 Temporary assignment positions shall be identified, assigned and managed on a case by case basis based upon the business necessity of the City.

12.4 The temporary assignment position shall be documented in a "bona fide offer of employment" letter to the employee. (See attached sample)

13. Bona Fide Offer of Employment

13.1 The bona fide offer of employment letter shall include the following information:

a. The type of position offered and the specific duties;
b. A statement that the city is aware of and will abide by any physical limitations under which the treating doctor has authorized the employee to return to work;
c. The maximum physical requirements of the job;

d. The wage rate of the job;
e. The location of the temporary assignment;
f. The expected duration of the temporary assignment.

13.2 If the employee has questions regarding the temporary assignments, job modifications or questions regarding the FMLA or ADA, the employee can contact the Personnel Officer.

13.3 The employee may accept or reject a bona fide offer of employment. The employee should be informed that rejection of a bona fide offer of employment may result in workers' compensation temporary income benefits cessation (if applicable) by the Workers' Compensation Commission and termination of employment.

13.4 If the employee accepts a bona fide offer of employment, the employee shall perform the duties of the temporary assignment position for the term of the assignment or until the employee is able to return to full duty, whichever is sooner.

13.5 If the employee rejects the bona fide offer of employment, then the employee remains off work until the end of the FMLA entitlement period or is terminated.

13.6 If the employee is unable to return to full duty by the end of the temporary assignment and/or by the end of the employee's FMLA leave entitlement period, the employee's continued employment with the city shall be considered based upon business necessity of having the employee's position filled and whether any reasonable accommodation is required under the ADA.

13.7 If the employee does not qualify for ADA, the employee shall be placed on inactive status and shall be terminated at the end of 260 work days of lost time due to business necessity.

City of Laredo
On The Job Injury Policy

1. Policy

It is the policy of the City of Laredo to insure that all employees who are injured in the course and scope of their employment be afforded the protection guaranteed by the applicable Workers' Compensation Laws of the State of Texas.

2. Purpose

2.1 To provide a uniform policy of reporting on the job injuries;

2.2 To properly document on the job injuries for administrative and insurance requirements;

2.3 To outline benefits eligibility requirements.

3. Scope

This policy is applicable to all on the job injuries/illnesses regardless of how minor in nature, even if no treatment is required or no time is lost from work.

4. Definitions

4.1 Leave Benefits - Refer to time off as defined in the Personnel Policies per "The City of Laredo Code of Ordinances".

4.2 Regular Full Time Employees - As defined in the Personnel Policies per "The City of Laredo Code of Ordinances". This does not include orientation employees, part-time, summer, or temporary employees.

5. Responsibilities

5.1 Employees - Employees shall report all on the job injuries to their supervisor, (who informs their Director/Designee) within the required time period (see Sec. 6.1), even if no medical treatment is required.

5.2 Supervisors - Supervisors shall report all on the job injuries/illnesses to their Director/Designee, Employee Health, and to the Risk Management Division within the required time period. (see Sec. 6.2.).

5.3 Risk Management - Risk Management will maintain records of all on the job injuries/illnesses including the filing of claims processing.

5.4 Employee Health Nurse - Employee Health Nurse will maintain the medical records on all injuries/illnesses.

5.5 Accident Review - Accident Review will be conducted by the training & safety officer to determine if the accident was preventable. A copy of the determination will be placed in the employee's workers compensation file.

6. Reporting Procedures

6.1 Any employee who sustains an on the job injury should report the injury to their immediate supervisor by the end of the regularly scheduled shift. Failure to report the injury to the immediate supervisor within thirty days of injury may make them ineligible to receive workers compensation benefits.

6.2 The supervisor/designee will report the injury/illness to their Director/Designee and will complete the TWCC.-l Form and submit it to the Risk Management Department within 24 hours of notification of injury/illness.

6.3 The Employee Health Nurse will coordinate the scheduling of any initial medical Treatment (see Sec. 11.1). A supervisor/designee will accompany the employee to the clinic/hospital if he is available.

6.4 The supervisor will immediately notify the department director/designee and the Employee health nurse when an employee returns to Work with a restriction; if it impacts the employee's ability to perform the duties of his/her job for more than the next regularly scheduled work shift, following the date of injury, or first medical treatment.

6.5 The Department Director/Designee will be responsible for insuring that these procedures are followed.

7. Eligibility

All active employees on the city payroll are eligible to receive workers compensation benefits.

8. Provisions

During the time an employee is unable to work and is authorized to be off duty due to an on the job injury, the employee will be paid workers compensation benefits prescribed by the Texas Workers Compensation Act. These benefits include compensation payments, medical care as reasonably required to cure and relieve the effects of on the job injury and/or death benefits.

9. Medical Procedures

9.1 The initial medical visit for treatment will be arranged by the Employee Health Nurse. A supervisor/designee will accompany the employee on the initial visit if possible. The initial visit will be with the city-designated health care provider. After the initial medical visit, the employee still retains the right to choose a primary care physician.

9.2 If an employee is not released for work, the employee will provide a completed Workers' Compensation Form for each visit to the doctor until the employee receives a medical release to return to work. Each injury/illness report will be reviewed by the employee health nurse/designee to assure that the employee is returned as soon as possible.

9.3 If an employee is released for work after the initial treatment for an injury/illness, the employee must return the completed workers' compensation to the Risk Management Division. When the employee returns this form, a release for duty

will be issued and the employee will be allowed to return to work. An employee cannot return to work without a medical release and a release from the Risk Management Division.

10. Temporary Replacement

10.1 While an employee is unable to work due to an on the job injury, a temporary employee may be hired or promoted to replace the injured employee if it is deemed necessary by the Department Director and approved by the City Manager.

10.2 After 180 work days from the date of injury/illness if an employee is unable to return to regular duty, the employee will be placed on inactive status and a temporary replacement for the position may be made subject to City Manager's approval. If the employee is classified as an orientation or other than regular employee, he/she will be terminated.

10.3 If the injured regular employee reaches maximum medical improvement as defined by the Texas Workers' Compensation Law after 180 work days but before 260 workdays, the City will consider the employee, for employment in a capacity that the employee was previously assigned and qualified for, if a position is available. After 260 work days from the original date of injury, if the regular employee is unable to return to work and does not fall under the ADA guidelines, the employee will be terminated due to business necessity.

City of Laredo
Modified Duty Policy

Purpose

To aid employees in returning to work from an on the job or off the job injury or illness, the City of Laredo has established a modified duty policy. City of Laredo regular employees who, for medical reasons, may not return to full duty as the result of on the job, or off the job injury or illness, are eligible for this program. For the purpose of this policy, modified duty shall be any duty as a result of restrictions placed on an employee by a physician, who will not allow the employee to perform the full course and scope of his/her job. The modified duty positions will be limited to 5 percent of the work force for each department.

General Administration

1.0 Administrative Services Responsibilities

1.1 The Administrative Services Director/designee will coordinate the modified duty program.

1.2 All modified duty job assignments will be approved by the Department Director/Designee, Risk Manager/Designee, and the Employee Health Nurse/Designee.

2.0 Length of Modified Duty

2.1 Modified duty assignments shall not exceed a total of 180 workdays.

2.2 After 180 workdays on modified duty, the employee shall return to his/her original job or will be placed on Worker's Compensation leave, sick leave, or leave without pay.

2.3 The employee is responsible for obtaining an evaluative medical exam at least once each month, and the results sent to Risk Management if it is an on the job injury, or to the Employee Health Nurse if it is not a job related illness/injury within two working days after the exam.

2.4 The evaluative examination will specifically define and state the employee's medical condition. It will state a prognosis for recovery within an expected time period and outline the treatment or therapy needed to promote full recovery. The exam will also identify any physical performance limitations or restrictions of activity regarding their job status.

3.0 Benefits

All benefits as applicable shall continue while an employee is on modified duty.

3.1 Employees on modified duty may take any available leave subject to compliance with the policy pertaining to such leave and with the approval of the appropriate department director.

4.0 Modified Duty Access

When a physician determines that an employee cannot return to their original position and the employee can perform a modified duty assignment;

4.1 The employee will provide a statement requesting modified duty from the attending physician to the Employee Health Division. If the employee is off due to a personal injury or illness, the statement is also sent to the Employee Health Nurse.

4.2 The Department Director, after consultation with the Employee Health Nurse and the Risk Manager, will attempt to place the employee in a modified duty position.

4.3 If modified duty is not available within the employee's department, the Department Director/Designee will contact the Employee Health Nurse/Designee.

4.4 The number and type of modified duty positions are available on a limited basis; therefore, if a modified duty position is not available the employee shall remain on Workers' Compensation, sick leave, serious injury pool or unpaid leave.

4.5 If an employee refuses to accept a job assignment within the capabilities as approved by the employee's physician, the employee will be disqualified from participating in the modified duty program, and shall be terminated.

4.6 If the employee's physician restricts an employee from taking part in or performing certain physical activities outside the workplace, the employee shall abide by these restrictions. The violation of these physical restrictions shall be grounds for the termination of benefits and employment.

4.7 Any employee assigned to modified duty will be compensated at their regular rate of pay.

5.0 Medical Support

If it becomes questionable as to the need or the ability of an employee to be on modified duty, the Employee Health Nurse will arrange an Independent Medical Exam (IME) (second opinion) of the employee. If the employee disputes the IME he/she may request a third medical opinion at the employee's expense or, when applicable, the exam may be covered under the City of Laredo Medical Benefits Program.

City of Laredo
Alternate Duty Policy

1. Policy

It is the policy of the City of Laredo that regular full time employees who become temporarily disabled due to an on the job or off the job illness I injury and who have the medical expectation of returning to full duty, may be assigned to duties consistent with their limited status for a specified period of time. The individual will be assigned to their department or one needing a service that the employee can provide within the constraints of their skill, experience and knowledge and within the limits of their physical capability as determined by their treating physician. The alternate duty positions will be limited to 5 percent of the work force for each department.

2. Purpose

Establish a policy for assigning regular full time employees to alternate duty assignments in their own department or in other city departments. There, the employee will continue to assist in providing the highest level of quality service to the citizens of Laredo.

3. Procedures

3.1 The employee health nurse/designee working with the department director/designee will assure that the assignment to alternate duty is subject to approval by the City Manager according to the following criteria:

a. a significant need for service that is valuable to the city must exist;
b. the employee must have the knowledge and skill and ability to perform the service needs of the city;
c. the employee, if injured on the job, is eligible;
d. the employee, if injured off the job, is physically capable of performing alternate duty, as determined by his treating physician.

3.2 No assignment may be made to alternate duty without the approval of the employee's Department Director/Designee and a written statement from the treating physician.

3.3 A treating physician's alternate duty release will be definitively outlined stating specific limitations of the injured employee. The treating physician will receive a copy of essential job functions, physical job requirements of the position, and a copy of the Alternate Job Policy for use in making this determination**.**

3.4 Work assignments and work schedules for those on alternate duty will be determined by the Department Director/Designee in accordance with the need for service. Whenever possible an alternate duty assignment will be made in the employee's department. If an alternate duty assignment is not available in the employee's regular department, the Employee Health Nurse/designee will arrange placement in another city department, if a suitable assignment is available.

3.5 Any employee assigned to alternate duty will be compensated at their regular rate of pay. If the alternate duty assignment rate of pay is higher, the employee will be compensated at the higher rate after thirty days as per city ordinance.

3.6 Alternate Duty assignments will not exceed 90 workdays. An extension may be granted at the discretion of the City Manager. An employee is limited to a total of 180 work days per year of alternate duty regardless of the number of injuries incurred. At the end of alternate duty assignment, the employee will be placed on inactive status. The employee may then be placed on workers compensation leave, if eligible, take accrued sick leave, or leave without pay.

3.7 Alternate duty provisions for temporarily disabled employees will be re-evaluated at the time it is determined by medical authority that a permanent disability exists.

3.8 This policy will not be construed or interpreted to mean an employee has a right to an alternate duty assignment and that the department director is compelled to assign an employee to alternate duty status.

3.9 If an employee refuses to accept a job assignment within the capabilities as approved by the employees' physician, the employee will be disqualified from participating in the alternate duty program. If the employee does not qualify for ADA consideration, the employee may be terminated due to business necessity.

ADA Procedure and Documentation Policy

A. 1. Purpose:

1.1 To provide policy and procedure for use by City of Laredo Department Directors/Designee in responding to requests from employees with disabilities for reasonable accommodation, as defined by the Americans with Disabilities Act (ADA).

2. Background:

2.1 Under Title I and II of the ADA, the City of Laredo must provide reasonable accommodations to the known physical or mental limitations of qualified individuals with disabilities:

a. who are job applicants;
b. or employees to enable equal access and opportunity in two aspects of employment; performance of essential functions of a job, and enjoyment of benefits and privileges of employment.

B. Definitions:

Qualified individual with a disability:

1.1 An individual who has a physical or mental impairment that substantially limits one or more life functions and who can perform the essential functions of the job, with or without a reasonable accommodation.

2. Reasonable accommodation:

1.1 Modifications or adjustments to the work environment which may include, but are not limited to acquiring or modifying equipment or devices, assigning part-time or modified work schedules.

1.2 Providing readers and interpreters;

1.3 Making the workplace readily accessible to and usable by people with disabilities.

1.4 Reassignment to a vacant position and job restructuring.

C. Procedure: Step #1.

The employee requests an accommodation for a disability.

1.1 This request is directed to the employee's department director/designee and should be made in writing.

1.2 If the supervisor accepts a verbal request, the department director/designee must immediately put it in writing.

1.3 The supervisor may initiate discussion, in terms of performance issues only, by asking if an employee needs any additional resources to perform the job.

1.4 The employee is responsible for bringing up any disability related issues.

2. Documentation:

2.1 Accommodation must be in writing using the Request for Accommodation Form.

3. Procedure: Step # 2

3.1 The Department Director/Designee, with the assistance of the Administrative Services Director/Designee, determines if the employee is a qualified individual with a disability. If the impairment is not obvious, the supervisor should request that the employee submit documentation from a qualified professional, such as a physician and it must include:

a. diagnosis, in order to substantiate the existence of the impairment.
b. evaluation of functional limitations which impact performance of the essential functions of the job or access to benefits of employment.
c. a functional job description and functional video (when available) is provided to the qualified professional by the employee for the purpose of this evaluation.

3.2 The employee is responsible for acquiring the diagnosis and evaluation.

a. the cost of this evaluation is borne by the employee;
b. if the cost is not covered by insurance, or the supervisor feels that a second opinion is necessary, the supervisor should contact the Administrative Services Director/Designee for guidance as to funding options; and
c. the Administrative Services Director/Designee may consult with designated advisory personnel if needed.

3.3 Diagnosis is used by the supervisor only to determine that a disability exists.

a. reasonable accommodation is to be determined on a case by case basis; according to the evaluation and discussion of functional limitations;
b. any employees' medical information, including diagnosis and evaluation for providing reasonable accommodation, must be kept confidential in the employees medical record; and
c. copies of any correspondence must be forwarded to the Administrative Services Director/Designee for their files.

4. Documentation:

4.1 Medical documentation and evaluation (if necessary).

5. Procedure: Step #3

5.1 The employee and the Department Director/Designee discuss functional limitations:

a. if the employee has a disability as defined by the ADA, consult with him or her to find out specific physical or mental abilities and limitations, only as they relate to the performance of essential functions of the job, or access to benefits and privileges of employment;
b. assess and discuss how these barriers can be overcome with accommodation.

6. Documentation:

6.1 Functional limitations should be listed on the Request for Accommodation Form.

7. Procedure: Step #4

7.1 The employee and supervisor identify effective accommodation.

7.2 In consultation with the employee, identify potential accommodations and assess how effectively each should enable the individual to perform the essential functions of the job or to access employment benefits.

7.3 If this consultation does not identify an appropriate accommodation, the employee shall obtain assistance from the Administrative Services Director/Designee.

8. Documentation:

8.1 Possible accommodations are discussed, assessed, and listed on the Request for Accommodation Form.

8.2 The Department Director/Designee, with the assistance of the Administrative Services Director/Designee, will determine if the accommodation is reasonable. This is always determined on a case by case basis.

a. an accommodation is reasonable if it does not pose an undue hardship to the City of Laredo;
b. an undue hardship is an action requiring significant difficulty or expense, (i.e., an action is unduly costly, extensive, substantial, disruptive or fundamentally alters the nature of the business).
c. the entire resources of the City of Laredo must be considered before making a determination of undue hardship;
d. if an effective accommodation cannot be funded or provided out of the respective department's budget, or if some other difficulty is identified, the accommodation decision must be coordinated with the Administrative Services Department;
e. even if one accommodation is determined not to be a reasonable, alternative accommodations must be considered;
f. a copy of Request for Accommodation Form must be forwarded to the Administrative Services Director.

9. Procedure: Step #5

9.1 The Department Director/Designee implements the reasonable accommodation when an effective and reasonable accommodation has been identified, it must be implemented on a timely basis according to the type of accommodation needed.

10. Documentation:

10.1 The type of accommodation and date the accommodation will be implemented is recorded on the Request for Accommodation Form.

11. Procedure: Step # 6

11.1 The Department Director/Designee documents the reasonable accommodation:

a. when a reasonable accommodation has been provided, it must be documented on the request for accommodation form and a copy forwarded to the Administrative Services Director/Designee.
b. the forms are available from the Administrative Services Department.
c. employees' medical information is to be kept by the Employee Health Nurse.
d. supervisors or other City of Laredo staff must not retain copies of medical information.

12. Documentation:

12.1 Request for Accommodation Form requires employees signature and Department Director's signature. The completed copy must be forwarded to the Administrative Services Director/Designee.

13. Procedure: Step #7

13.1 When reasonable accommodation cannot be provided, the employee should be referred to the Administrative Services Director/Designee.

13.2 The Administrative Services Director/Designee and an advisory panel will assess the nature of the impairment, the lack of accommodation and discuss with the employee what options are available.

13.3 Possible options are eligible retirement, eligible disability retirement, eligible leave programs, termination, or they may reapply for a suitable job or position.

14. Documentation:

14.1 A Request for Accommodation Form will be forwarded to the Administrative Services Director with the reason for the lack of an accommodation consideration.

14.2 Complete Alternate Option Evaluation Form.
a. the Administrative Services Director/Designee and employee signatures are required with notification to the Department Director of the agreement for alternative action required.

Physical Job Requirement Form (Supervisor)

Name of Employee:_____	**Social Security (last 4 digits):**_____
Department:_____	**Date of Injury:**_____

The following information has been furnished by the City of Laredo on the following date:_____

Modified Duty Available Position:_____

Instructions to Supervisor:
Please mark the indicated column with an "X" on either "Yes" or "No", this would include the specific tasks the patient/employee is allowed to perform as part of his/her duties.

Supervisor is to Determine:

Requirements	Yes	No	Requirements	Yes	No
Heavy Lifting, 45 lbs. & up			Heavy Carrying, 45 lbs. & up		
Moderate Lifting 15-45 lbs.			Moderate Carrying, 15-45 lbs.		
Light Lifting, up to 15 lbs.			Light Carrying, up to 15 lbs.		
Straight Pulling			Pulling Hand over Head		
Pushing			Repeated Bending		
Reaching Above the Shoulders			Simple Grasping		
Dual Simultaneous Grasping			Walking		
Standing			Sitting		
Twisting			Climbing Stairs		
Stooping			Climbing Ladders		
Operating Mechanical Equipment Specify:_____			Operating Office Equipment Specify: _____		
Hearing			Speaking		
Depth Perception Needed			Ability to Type		
Ability to See			Ability to Write		
Ability to Read			May Operate a Motor Vehicle		
Must be able to intervene with individuals in combative or aggressive situations in an emergency.					
Must be able to perform Cardiovascular Pulmonary Resuscitation (CPR) in an emergency					
Other Activities Specified by Physician:_____					
Other:_____					

_____	_____	_____
Supervisor's Name (Please Print)	**Supervisor's Signature**	**Date**

Please Specify any Additional Restrictions to Duty:_____

_____

Physical Job Requirement Form (Physician)

Name of Employee:_____	**Social Security (last 4 digits):**_____
Department:_____	**Date of Injury:**_____

The following information has been furnished by the City of Laredo on the following date: _____

Modified Duty Available Position:_____

Instructions to Health Care Provider:
Please mark the indicated column with an "X" on either "Yes" or "No", this would include the specific tasks the patient/employee is allowed to perform as part of his/her duties.

Physician is to Determine:

Requirements	Yes	No	Requirements	Yes	No
Heavy Lifting, 45 lbs. & up			Heavy Carrying, 45 lbs. & up		
Moderate Lifting 15-45 lbs.			Moderate Carrying, 15-45 lbs.		
Light Lifting, up to 15 lbs.			Light Carrying, up to 15 lbs.		
Straight Pulling			Pulling Hand over Head		
Pushing			Repeated Bending		
Reaching Above the Shoulders			Simple Grasping		
Dual Simultaneous Grasping			Walking		
Standing			Sitting		
Twisting			Climbing Stairs		
Stooping			Climbing Ladders		
Operating Mechanical Equipment Specify:_____			Operating Office Equipment Specify: _____		
Hearing			Speaking		
Depth Perception Needed			Ability to Type		
Ability to See			Ability to Write		
Ability to Read			May Operate a Motor Vehicle		
Must be able to intervene with individuals in combative or aggressive situations in an emergency.					
Must be able to perform Cardiovascular Pulmonary Resuscitation (CPR) in an emergency					
Other Activities Specified by Physician:_____					
Other:_____					

_____ _____ _____
Physician's Name (Please Print) **Physician's Signature** **Date**

Please Specify any Additional Restrictions to Duty:_____
_____

REQUEST FOR ACCOMMODATION FORM

Name of Employee Requesting Accommodation	**Social Security Number**
Date of Request	**Position**
Department	**Division**
Essential Job Functions or Equal Benefits of Employment Affected (What accommodation is being requested)	
Accommodation Considered (list)	
Reasonable Accommodation Previously Provided (if any)	
Specifics of Accommodation To Be Provided or Why Accommodation Cannot Be Made (If Accommodation Cannot Be Made, Submit Alternative Option Form)	
Accommodation has been Discussed and Recommendations Solicited From Employee	
_____ **Employee Signature**	**Date**
_____ **ADA Coordinator**	**Date**
_____ **Return to Work Coordinator**	**Date**
Implementation Date	**Cost and Source of Funding**

ALTERNATIVE DUTY

Name of Employee Requesting Accommodation	**Social Security Number**
Date of Request	**Position**
Department	**Division**
Essential Job Functions or Equal Benefits of Employment Affected (What accommodation is being requested)	
Alternative Options Considered And Discussed With Employee	
Alternative Selected and Action Implemented	
Specifics of Alternative Selected and Action Plan to Implement Alternative	
Alternative and Action Plan Have Been Discussed With Employee as Acknowledged Below	
______ ______ **Employee Signature** **Date** _____ ______ **ADA Coordinator** **Date**	
_____ _____ **Return to Work Coordinator** **Date**	