

TOWN OF SLAVE LAKE

CATEGORY: Administration
POLICY #: C.a.014
OWNER DEPT: Corporate Services
COUNCIL APPROVAL: Feb. 9, 2010
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TITLE: MODIFIED WORK POLICY

POLICY STATEMENT

The Town will make every reasonable effort to provide suitable (temporary) employment to any employee unable to perform their regular duties. This may include a modification of the employee's original position or providing an alternative position, depending on the employee's medical restrictions.

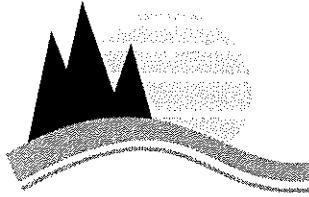
POLICY OBJECTIVE

To provide meaningful and productive modified work assignments that assist in the rehabilitation and early return to work or an opportunity to remain at work for ill or injured employees.

To provide guidance to Administration as to when modified work is appropriate.

Signed: 
Chief Administrative Officer

Date: February 16, 2010



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1. DEFINITIONS

1.01 Chief Administrative Officer (CAO):

The Town Manager for the Town of Slave Lake.

1.02 Permanent Employee:

Any individual employed by the Town of Slave Lake on a permanent full time basis.

1.03 Immediate Supervisor:

The person designated in the organizational chart to whom the employee is responsible.

1.04 Supervisor of Corporate Services:

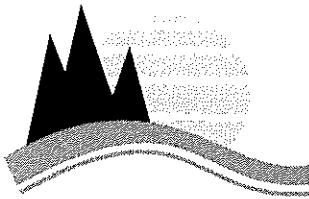
The person responsible for the Human Resources (HR) function in the organization.

1.05 Offer of Modified Work:

An offer of alternative suitable employment from the Town of Slave Lake to an employee unable to perform their regular duties covering the nature of the modified work, hours, and the duration.

1.06 Performance Limits Agreement:

An agreement between the Town and the Employee outlining what performance limits on the employee's employment have been agreed to in consultation with the medical provider.



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2. RESPONSIBILITIES

2.01 C.A.O.:

Ensures Modified Work Policy is kept up to date and meets the needs of the Town and complies with current legislation as a minimum.

2.02 Directors:

Ensure all staff are aware of, and in compliance with this Policy. Determine if a modified work offer is appropriate based on the impact to the budget, service levels and other factors and if appropriate, determine the period of modified work.

2.03 Immediate Supervisors:

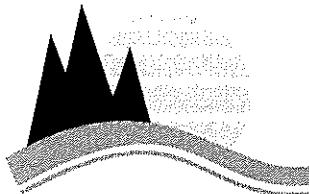
Ensures that each affected employee is given appropriate instruction as per this Policy; coordinate offer of modified work, and employee's return to work. Provide copies of all relevant documents to Supervisor of Corporate Services to retain in employee's HR file.

2.04 Supervisor of Corporate Services:

Work with Immediate Supervisor to create offer of modified work and monitor employee's return to work. Retain copies of all relevant documentation in employee's HR file.

2.05 Employees:

Be familiar with the Modified Work Policy. Seek clarification if there is any doubt regarding the proper application of Town policy and procedure.



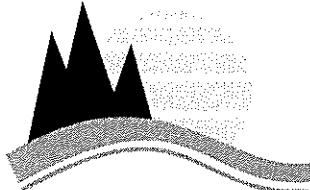
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3. STANDARDS AND GUIDELINES

- 3.01 Only work that is considered to be meaningful and productive shall be considered for use in the modified work programme. These jobs must comply with current Worker's Compensation Board (W.C.B.) adjudicative guidelines where required.
- 3.02 Participants placed on modified work will be expected to provide feedback in order to improve the programme. This will be a cooperative effort between the Healthcare Provider, Employee, Supervisor and Department Manager.
- 3.03 All employees, regardless of injury or illness, will be considered for placement in modified work.
- 3.04 Modified work may not always be available in every circumstance. Factors that will be considered include organizational requirements, budget impact, service impact, and the employee's skill set.
- 3.05 The duration of the Modified Work Plan will not extend beyond four work weeks except where the merits of the case justify alternative timelines.



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4. PROCEDURES

4.01 Receive Notice of Employee Performance Limits

When an injury or illness results in an employee not being able to perform his/her regular functions, the Immediate Supervisor will direct the employee to have the Attending Physician's Report completed by the health care provider.

4.02 Collect all Documents

The employee must submit the completed documents to the Supervisor of Corporate Services. The Immediate Supervisor and the Supervisor of Corporate Services will review the information and make recommendations to the Director for approval. The Immediate Supervisor will then arrange a return to work with the employee based on the information and Director's instructions.

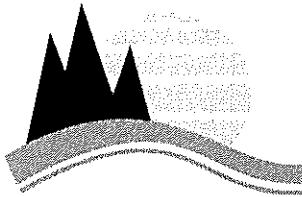
4.03 Make Offer of Modified Work

Where appropriate, the Immediate Supervisor will present a written offer of modified work to the employee. This offer will state the following information:

- a. Specific job duties to be performed.
- b. Pay Rate - This will be the same rate of pay as their pre-accident/illness employment.
- c. Hours of the Employment - These are important in the case of transitional employment where the hours may vary during the placement.
- d. Length of Placement - This will be noted and made clear to the employee.
- e. The offer will be signed by the employee and the Director, and will be forwarded to the W.C.B. immediately if applicable for notification of the placement.

4.04 Refusal of Offer

Any refusal by an employee to participate in the modified work programme shall be dealt with immediately by the Immediate Supervisor and Department Manager. Interview the employee and record the reasons for not participating. Inform W.C.B. immediately if applicable.



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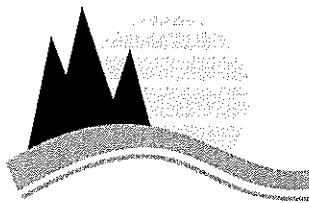
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4.05 Monitor Return to Work

Once placed on modified work, the Immediate Supervisor will monitor the progress of the employee. The employee must address any concerns to the Immediate Supervisor immediately. The Immediate Supervisor will keep the Supervisor of Corporate Services apprised of the employee's progress.

4.06 Return to Regular Duties

The employee must provide a medical certificate confirming the employee has medical clearance to return regular duties to Immediate Supervisor or Supervisor of Corporate Services. The Supervisor of Corporate Services will then inform the W.C.B. if applicable. The Immediate Supervisor will continue to monitor the employee's return to regular duties.



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Appendix I

MODIFIED WORK OFFER

In keeping with our policy to provide suitable employment to any employee unable to perform their regular duties, Town of Slave Lake is offering the following modified work placement.

Employee Name" _____ "

The modified position is " _____ "

The duties that you will be required to perform are as follows:

" _____

The hours of work will be from " _____ " to " _____ " from " _____ ".

Your rate of pay will be as per your pre-accident/illness rate.

The length of this modified work placement will be from " _____ " to " _____ ". We will continually review your progress and adjust the length of this placement as required, based on relevant medical information.

During this modified work placement, you will be supervised by " _____ ".

If you have any concerns or difficulties, please notify the Supervisor immediately. " _____ " will also ensure that you are only performing the duties as outlined above. We also request that you meet with " _____ ", the Supervisor, "once every week" to review your progress.

Employee:

Offer Accepted _____

Date _____

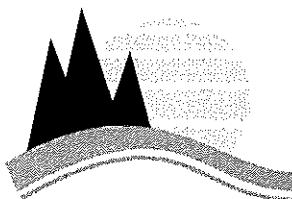
Not Accepted _____

Date _____

Director _____

Date _____

Supervisor of Corporate Services _____ Date _____



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Appendix II

PERFORMANCE LIMITS AGREEMENT

I UNDERSTAND THAT THE FOLLOWING LIMITS HAVE BEEN SET FOR ME.

I AGREE NOT TO EXCEED THESE LISTED LIMITS.

PERFORMANCE LIMITS:

SITTING: _____

STANDING: _____

WALKING: _____

LIFTING: _____

BENDING: _____

STOOPING: _____

KNEELING: _____

CRAWLING: _____

OTHER: _____

SHOULD ANY CHANGE BE REQUIRED FROM THESE ESTABLISHED LIMITS A NEW FORM WILL BE COMPLETED.

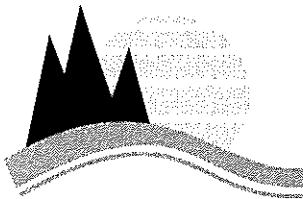
SIGNATURES:

EMPLOYEE: _____ DATE: _____

SUPERVISOR: _____ DATE: _____

SUPERVISOR OF CORPORATE SERVICES: _____

DATE: _____



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Appendix III

Attending Physician's Report Work Related Performance Limits

Patient's Personal Information:

Name (First, Last) _____

Physician's Information:

What was the patient's first appointment for this injury/illness? _____

What was the date of the patient's current or latest appointment? _____

Did you recommend that the patient stop work? Yes _____ No _____

Please indicate any limitations to the patient's ability to perform the following:

PERFORMANCE LIMITS:

SITTING: _____

STANDING: _____

WALKING: _____

LIFTING: _____

BENDING: _____

STOOPING: _____

KNEELING: _____

CRAWLING: _____

OTHER: _____

SIGNATURES:

Attending Physician: _____ DATE: _____

(Employee must submit original form to the Town of Slave Lake).

(Note: Any costs related to obtaining and/or substantiating this form will be the employee's responsibility.)