



Louisiana State University System

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Office of the President

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DATE: August 15, 2000

MEMORANDUM TO: Chancellors Cavanaugh, Costonis, Emmert, Marsala, Nunez, O'Brien, Richardson, Trail, and Executive Director Bouchard

SUBJECT: PM-70

REFERENCE: Return to Work Policy for Employees on Workers' Compensation

PURPOSE: Louisiana State University System (LSU) provides workers' compensation benefits to its faculty and staff in accordance with state law. This coverage includes the University's modified duty program designed to encourage employees, who have been released to perform work with limitations to return to work.

POLICY

To return an employee to the workplace, LSU will make reasonable efforts to place the returning employee into a meaningful assignment, which he/she can perform while on modified duty on a temporary basis. LSU cannot guarantee placement and is under no obligation to offer, create, or encumber any specific position for purposes of offering placement. All final decisions regarding placement shall be made by the campus Human Resource Management Office or other office designated by the Chancellor.

This policy is not intended to instruct the procedure applicable to employees who are eligible for reasonable accommodation under the Americans with Disabilities Act (ADA) or leave benefits under the Family and Medical Leave Act (FMLA). Inquiries about eligibility under the ADA or FMLA should be directed to the campus human resource management office.

APPLICABILITY

This policy only applies to permanent employees of LSU who are on leave as a result of work related injuries or illnesses and who are receiving workers' compensation benefits.

In the event an employee refuses an accommodation or reassignment of duties (outside the

employee's FMLA benefit eligibility period) which are within the employee's restrictions and ability to perform, LSU is not obligated to provide alternatives. In such a case, LSU will notify the State Office of Risk Management which may result in termination of the employee's workers' compensation benefits.

MODIFIED WORK REQUIREMENTS

For work to be considered suitable modified employment, the following conditions must be met:

the employee must meet the required qualifications for the modified job assignment which the employee will be required to perform,

the work must be a meaningful and productive part of the department's operations,

the work must conform to the medical restrictions set by the medical care provider, and

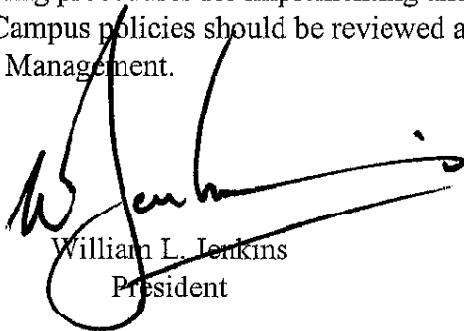
the modified job assignment and/or modified work schedule normally will not exceed six months.

GUIDELINES FOR PLACING EMPLOYEES IN TEMPORARY MODIFIED EMPLOYMENT

When determining if proposed modified work is suitable, the campus Office of Human Resource Management and/or the campus Office of Risk Management or other office designated by the Chancellor will consult with the injured employee, the departmental administrator, and the medical health care provider.

The evaluation will be based on, but not limited to, a list of essential duties (based on the job description for which the employee was hired) along with the completed job analysis form (see example form in Appendix A) for completion by the employee's physician.

Each campus should develop operating procedures for implementing and administering the modified return to work program. Campus policies should be reviewed and approved by the LSU System Office of Human Resource Management.



William L. Jenkins
President

cc: System Officers
Attachment

EMPLOYEE: _____ SSN: _____

JOB TITLE: _____

PHYSICAL DEMANDS OF JOB:		30-1hr	1hr-2 1/2 hr	2 1/2-5hr	5-8 hr
LIFTING:	Never	Rarely	Occas.	Freq.	Cont.
	0	1-5	6-33	34-66	67-100
Sedentary: up to 10#	___	___	___	___	___
Light: 10 - 20	___	___	___	___	___
Medium: 20 - 50#	___	___	___	___	___
Heavy: 50 - 100#	___	___	___	___	___
Very Heavy: 100+#	___	___	___	___	___
CARRYING:					
Sedentary: up to 10#	___	___	___	___	___
Light: 10 - 20#	___	___	___	___	___
Medium: 20 - 50#	___	___	___	___	___
Heavy: 50 - 100#	___	___	___	___	___
Very Heavy: 100+ #	___	___	___	___	___
STANDING	___	___	___	___	___
WALKING:	___	___	___	___	___
SITTING:	___	___	___	___	___
PUSHING/PULLING:	___	___	___	___	___
CLIMBING:	___	___	___	___	___
KNEELING:	___	___	___	___	___
CRAWLING:	___	___	___	___	___
STOOPING /BENDING:	___	___	___	___	___
TWISTING:	___	___	___	___	___
GRASPING:	___	___	___	___	___
FINGERING:	___	___	___	___	___
REACHING:	___	___	___	___	___
DRIVING:	___	___	___	___	___
ENVIRONMENTAL HAZARDS:					
MOVING PARTS:	___		DAMPNESS:	___	
ELECTRICAL SHOCK:	___		HEAT:	___	
HIGH, EXPOSED PLACES:	___		COLD:	___	
RADIANT ENERGY:	___		GASES:	___	
TOXIC CHEMICALS:	___		NOISE:	___	
FUMES:	___		DUST:	___	

PHYSICAL DESCRIPTION OF WORK SITE:

SUMMARY JOB DESCRIPTION: IF SO, HOW?

IS JOB MODIFIABLE? YES/NO IF SO, HOW?

RECOMMENDATION AFTER JOB ANALYSIS:

HRM APPROVAL: _____

TITLE: _____ **Date**

As recommended. With the following modifications:

I concur that the above accurately describes the physical demands of my position duties.

Employee: _____ Date: _____

Based upon the information provided in this Job Analysis, I feel it is within the patient's ability to perform these j duties.

PHYSICIAN'S SIGNATURE **DATE**

I do not feel that the patient is able to perform the duties of this position because of the following reasons:

PHYSICIAN'S SIGNATURE **DATE**

ADA/VRA:1/97