

## Stay at Work Program Appendix B: Physician's Letter

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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) 241-8993.

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

## Stay at Work Program

### 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