

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.

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

Identification of Modified/Alternate Assignment

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- ☐ 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