Purpose
To define the circumstances under which an injured or ill employee of the Utah Department of Transportation (Department) can return to work when a treating physician restricts the performance of any work activities the employee is regularly assigned. The Department will implement a Temporary Transitional Assignment (TTA) in an effort to return an employee to work as soon as medically appropriate. The TTA must strictly adhere to the temporary work restrictions provided by the employee's treating physician or Preferred Provider. TTA assignments, when available, will provide meaningful work for the injured employee.

Policy
The Department will, when appropriate, return employees who have been ill or injured (on or off-the-job) to productive work as early as possible during their recovery. A TTA will be considered on a case-by-case basis in coordination with the Safety Manager, Supervisor, and Human Resources Specialist.

A TTA will be limited to a maximum 30 day renewal and may not continue beyond 90 days without prior approval. A request must be made and approved by the Safety Manager and the HR office if a TTA is to extend past 90 days. TTA duties may or may not be a full 40 hours per week depending on the medical release and the duties that are available for assignment. Per DHRM Rule 477-7-16(6), if the employee is unable to return to work in their regular position after four months cumulative leave in a 24 month period, or if documentation from one or more qualified health care providers clearly establishes that the employee has a permanent condition preventing the employee from returning to the last held regular position, the employee will be separated from state employment unless prohibited by state or federal law. Exceptions may be granted by the agency head in consultation with DHRM.

Background
This policy has been developed in compliance with Administrative Rules and in coordination with recommendations from the Utah Division of Risk Management and the Workers’ Compensation Fund of Utah.
Definitions

ADA – Americans with Disabilities Act of 1990.

TTA – Temporary Transitional Assignment – TTA includes:

1. Modified Work – Temporarily changing specific job duties within the employee’s regular job in compliance with the temporary work restrictions.

2. Alternative Work – Temporarily offering the employee a position other than his or her regular job in compliance with the temporary work restrictions.

3. Reduced-Hours Work – Temporarily offering less than full-time work in compliance with the temporary work restrictions.

SAFETY MANAGER – Safety Control Coordinators or Department Claims Manager
**Responsibility:** Employee

**Actions**

1. Obtain a release to return to work from the treating physician before assignment to a Temporary Transitional Assignment. Any work restrictions from the physician must be in writing and subject to review by the assigned Region Safety Manager. The employee will follow the above procedure but the TTA will be initiated by the Department Claims Manager in the event the employee is assigned to Aeronautics, Motor Carriers, Complex, or TOC.

2. Adhere to all the requirements listed in the TTA Agreement and the Employee Information Sheet.

3. Produce an Attending Physician’s Release before the end of the initial 30 days of the TTA assignment indicating the need for continuing light duty assignment if he or she is not being released to full duty within that time period. Refer to attachments for instructions and form.

4. Obtain a release from the physician before starting the first work day if returning to work with no restrictions.

5. Contact the Department Human Resource Specialist or ADA Coordinator for additional information regarding his or her options if an employee cannot return to his or her original position.

**Responsibility:** Safety Manager and Supervisor

6. Review the physician’s work release and makes recommendation to the employee’s supervisor of possible duties that can be performed with the temporary restrictions.

   a. The Safety Manager and Supervisor will determine if a TTA is possible.

   b. The Safety Manager or Human Resources Specialist will provide the employee with a copy of the job description listing the essential job functions if the physician has no knowledge of those job functions.
c. The employee will then be required to give the job description to the treating physician.

d. Any modified release to return to work will be evaluated based on the essential functions.

7. All employees approved for TTA will be given a TTA Employee Information Sheet that the employee must sign. Refer to attachments for instructions and form. This provides information relating to the fact that the TTA is for a 30 day period and any extension must be reviewed or evaluated before the initial 30 days. A TTA must be reviewed every 30 days after that is extended. No TTA can extend beyond 90 days without approval from the Safety Manager and the HR office. An employee information sheet also references DHRM Rule 477-7-16(6) indicating that in the event the employee is unable to return to work in the regular position after four months cumulative leave in a 24 month period, or if documentation from one or more qualified health care providers clearly establishes that the employee has a permanent condition preventing the employee from returning to the last held regular position, the employee will be separated from state employment unless prohibited by state or federal law.

8. An information page for Supervisor Information and Instructions is provided. Refer to attachments for instructions and form.

9. A TTA Agreement will be initiated and signed by the employee, Safety Manager, and Supervisor when an employee is approved to participate in a return to work program. Refer to attachments for instructions and form.

10. The employee’s TTA will be re-evaluated within 30 days of the TTA assignment. The case will be reviewed at least every 30 days if the physician’s 30 day evaluation justifies continued TTA assignments.

Responsibility: Department Claims Manager

11. Review injury or illness related cases as needed.

12. May recommend ergonomic study of position when needed or upon the recommendation of Region Safety Manager or Supervisor.

13. Advise Region Safety Manager as to possible work related solutions or alternatives.

15. Act as liaison with Human Resource Specialist or ADA Coordinator when needed.

16. Conduct monthly meetings the third Wednesday of every month with Region Safety Managers, Human Resource Specialist or ADA Coordinator, Payroll Coordinator, State Liability Prevention Specialist, LTD Specialist, and Workers Compensation Fund Adjuster to discuss current TTA issues.
**Attachments**

- Supervisor Information and Instructions
- Temporary Transitional Assignment Agreement
- Temporary Transitional Assignment Employee Information Sheet
- Attending Physician’s Release
SUPERVISOR INFORMATION AND INSTRUCTIONS

A Temporary Transitional Assignment (TTA) can be established after reviewing the recommendations from the Safety Manager for possible duties and if you agree to work within the recommendations as presented by the Safety Manager. According to Department Return to Work policy, if the employee is placed on a TTA, the TTA Agreement must be entered into and signed by the employee, Supervisor, and Safety Manager. Supervisors should have no contact with any medical information.

The TTA agreement must be re-evaluated before 30 days of transitional duty and determination made as to whether it can be extended if the employee is unable to return to his or her regular work duties within 30 days of the beginning of this assignment. The TTA must again be signed and dated by the employee, supervisor, and Safety Manager when renewing TTAs. TTAs cannot extend beyond 90 accumulative days without approval from the Safety Manager and HR office. The physician must specifically address the work restrictions and limitations that are being recommended and give an estimated date of removing restrictions and limitations in order to extend a TTA. A job description will be provided to the physician by the employee if the physician is unaware of the essential functions of the employee. The Safety Manager will work with the employee to obtain a job description.

The employee must report to work performing the essential functions of the position on the date indicated by his or her treating physician if allowed a full duty return to work before the end of the TTA. This information will be provided to the Supervisor by the Safety Manager.

DHRM Rule 477-7-16(6) indicates that if the employee is unable to return to work in the regular position after four months cumulative leave in a 24 month period, or if documentation from one or more qualified health care providers clearly establishes that the employee has a permanent condition preventing the employee from returning to the last held regular position, the employee will be separated from state employment unless prohibited by state or federal law. An information sheet will be provided to the employee explaining these important details. It will also be attached to the TTA and given to the employee at the time the TTA agreement is entered. The original signed copy of the employee information sheet must be given to the Safety Manager.

The following documents must be included to initiate a TTA:

1. **TTA Agreement** for required signatures

2. **Employee Information Sheet** regarding time limits of TTA’s and other extended absence information.

3. A well-defined Physician Note or **Attending Physician Release** given directly to Safety Manager. All TTA renewals require Attending Physician Release.
I ________________ , understand that I am being placed in a temporary transitional position with the Utah Department of Transportation and that I will be temporarily assigned duties in Region/Group __________________________ at __________________________.

The following conditions will apply while in this assignment:

I will do other duties as assigned by my Supervisor and the Safety Manager, provided those duties are within the limitations ordered by my treating physician. This assignment is being done as determined by medical directives. I will resume my regular, full-time position the next regularly scheduled workday after released by my health care provider to return to full-time duty before the conclusion of this agreement. I understand that this assignment does not constitute a permanent, budgeted position. I further understand that I will work the days and hours as scheduled with my Supervisor. I will continue to be paid at the same hourly rate as in my current position. The rate will be apportioned if Worker’s Compensation Fund of Utah is involved. I understand that I must immediately submit any doctor’s notes and releases to the Safety Manager upon their receipt.

This assignment will exist during the following dates:

<table>
<thead>
<tr>
<th>Initial 30 Day Period</th>
<th>1st Renewal</th>
<th>2nd Renewal</th>
<th>End Date</th>
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<tbody>
<tr>
<td>Start Date:</td>
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<tr>
<td>Review Date:</td>
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<td>Comments:</td>
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I understand that an ongoing review of my condition and status will be conducted within 30 days of this agreement. Status changes between all parties will be communicated to all parties involved. Per DHRM Rule 477-7-16(6), I understand that if I am unable to return to work in my regular position after four months cumulative leave in a 24 month period, or if documentation from one or more qualified health care providers clearly establishes I have a permanent condition preventing me from returning to my last held regular position, I will be separated from state employment unless prohibited by state or federal law. If this occurs, I will immediately contact the Human Resource Specialist or ADA Coordinator if this occurs.

All parties understand that this Temporary Transitional Assignment does NOT represent a permanent change of duties or responsibilities. Generally a TTA does not continue beyond 90 days after the first day missed in your regular position.

Please initial when renewal or end date occur.

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<thead>
<tr>
<th>Employee Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Region Director or Designee</td>
<td>Date</td>
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<tr>
<td>Region Safety Manager</td>
<td>Date</td>
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The Department strives to provide injured employees the opportunity to return to temporary or transitional work as soon as his or her health condition permits because the Department values its employees and their contributions. This allows an employee with temporary work restrictions to work in a modified, alternative, or reduced-hours capacity for a defined period of time while he or she is recuperating from an injury or illness.

Your treating health care provider has released you to transitional work and your Supervisor can implement your work restrictions. Your transitional work may not be that different from your regular job depending on the nature of your work restrictions. Your Supervisor and the Safety Manager will discuss with you the Temporary Transitional Assignment (TTA) agreement so that you, your Safety Manager, and your Supervisor have a clear understanding of your job duties and work restrictions. Please remember that this is not a change in your position – it is only temporary and may not exceed 90 days without the approval of your Safety Manager and the HR office. Per DHRM Rule 477-7-16(6), if you are unable to return to work in your regular position after four months cumulative leave in a 24 month period, or if documentation from one or more qualified health care providers clearly establishes that you have a permanent condition preventing you from returning to your last held regular position, you will be separated from state employment unless prohibited by state or federal law. Please contact your ADA Coordinator if you need a permanent work modification in order to return to full duty.

You will receive your regular pay and benefits during your transitional assignment if your transitional assignment is full-time. Your pay and benefits will be affected if you are released to only part-time work and return on a part-time basis.

I have read and understand the information that has been provided to me by my Safety Manager.

________________________________________ _________________________  
Employee Signature       Date
Utah Department of Transportation  
(Specific Region Safety Management Contact Information)

**ATTENDING PHYSICIANS RELEASE**

Name of UDOT Employee: ______________________________ Date of Injury/Illness: ______________

Job Title / Description: _________________________________________________________________

May return to work on: _____________________________ with the following restrictions: ____________

May return to work without restrictions Date: _______________ or Estimated Date: _________________

Patient will be seen again: ________________

Approximate duration of work restrictions: ___________________________Days/Weeks/Months

Is this a First Aid treatment only_________

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<tr>
<th>Activity</th>
<th>Check if Restricted</th>
<th>Define Restriction</th>
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<tbody>
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<td>Balancing (Ladders, Roofs)</td>
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<td>Bending</td>
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<td>Climbing (using extremities)</td>
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<td>Driving cars or pickup trucks</td>
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<td>Driving heavy equip. (loader, grader)</td>
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<td>Driving CDL equipment (dump trucks)</td>
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<td><strong>Must meet Federal Motor Carrier CDL physical qualifications</strong></td>
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<td>Reaching</td>
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<td>Repetitive (use of hand tools, keyboarding,</td>
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<td>shoveling, etc.)</td>
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<td>Other Restrictions not listed above (specify)</td>
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Are amount of hours worked per shift limited? If so describe: ________________________________________________

Are any medications prescribed that will affect employee’s ability to safely operate equipment, machinery, vehicles, etc.? If so, describe: ________________________________________________

Additional Comments: ________________________________________________

Thank you for filling out this release form at the time service is rendered. It will help us to better evaluate the needs of our employee and help them return to work as soon as possible. This release form may be returned to the fax number listed above.

I have reviewed the Department job description (if provided by employer) and based my recommendations on their work requirements.__________ Initial.

Print Physician Name and Address: ________________________________________________

Physician’s Signature:__________________________ Today’s date:________________________