

Faculty Common Disability Plan Disability Management Process Prototype

The attached flowchart demonstrates a disability management process that has been designed to ensure that the following goals are met:

- Return to work focus
- Employee accountability
- Supervisory responsibility and accountability
- Early intervention
- Payment accuracy
- Appropriate role for treating physician

Although the process is a centralized one, it has been designed to promote a sense of ownership on the part of the supervisor. The process relies heavily on maintenance of the employment connection to promote early return to work. It is essential that supervisory personnel not believe that payroll or human resources have assumed responsibility for the employees. Although human resources, through the DMC, is responsible for managing the disability the supervisor has an ongoing responsibility for the employee. Employee accountability is also important. Therefore, employees must remain in touch with both the supervisor and human resources.

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Faculty Common Disability Plan - Disability Management Process

	Day 1	Institute Trigger or Days 5+ (Local Provisions)	20+ Days Return to Work / STD / Rehabilitation	STD to LTD	Ongoing
Employee	1. Calls Supervisor	3. Calls Supervisor/HR 4. Sees Doctor, sends Work Abilities form to HR	15. Works with Doctor and HR/Supervisor/Union to define limitations, if appropriate 16. Completes STD claim form package and send to carrier, if appropriate	32. Completes LTD claim forms completed and sends to HR/Carrier (6 weeks before eligible for LTD) 33. Works with HR/ Supervisor/carrier/ Rehabilitation Committee, whenever appropriate	48. Provides medical information 49. Keeps in touch
Supervisor	2. Notes in attendance record	5. Advises Payroll 6. Advises HR/DMC 7. Stays in touch with Employee, discusses RTW as appropriate	17. Works with Employee/HR/Union and locates work, if appropriate (can occur prior to 20 day mark) 18. Returns Employee to Payroll 19. Monitors return to work	34. Keeps in touch, discusses RTW as appropriate	50. Stays in touch with Employee and HR, discusses RTW as appropriate
Payroll		8. Codes for absence 9. Pays on advice from Department or HR/DMC	20. Codes for accrued sick leave or STD, depending on Employee status	35. Stops payment at end of accrued sick leave period and codes for STD/LTD	
Human Resources/DMC		10. Calls Employee to confirm expected return to work and provide Work Abilities form/STD package 11. Receives Work Abilities form, reviews and advises Payroll (including if accrued sick leave to be used) 12. Advises Supervisor of estimated RTW	21. Coordinates Employee, Union, Supervisor and Doctor, and Carrier (may get involved with sick leave adjudication) 22. Documents and monitors RTW Plan 23. Advises Payroll to return Employee to system or code for STD; ensure all other benefits continued 24. Follow up on STD application/approval 25. Notify Rehabilitation Committee for complicated claims	36. Completes Employer portion of LTD application, sends LTD application package to Employee and assists with completion (6 weeks before eligible for LTD) 37. Maintains contact with Employee, Supervisor, Carrier and Rehabilitation Committee, as appropriate 38. Manages Carrier 39. Coordinates claims appeal process, after Carrier appeals exhausted 40. Notify AD&D carrier of life/LTD waiver of premium approval	51. Ensure all other benefit coverage is continued 52. Advises Supervisor of estimated RTW 53. Maintains contact with Employee, Union, Rehabilitation Committee and Doctor
Treating Doctor		13. Provides completed Work Abilities form	26. Provides feedback re: RTW Plan 27. Supports Rehabilitation Committee	41. Provides information to Carrier	54. Completes ongoing medical, provides updates written or by phone
Union		14. Supports Employee	28. Supports Employee	42. Contacts Employee to initiate claims appeal process, assists in selection of Doctor	55. Supports Employee
Rehabilitation Committee			29. Sends out rehabilitation application form to Employee, then review and coordinate with Employee/HR/Supervisor/Carrier/Doctor to set up appropriate program	43. Supports/coordinates Employee, HR, Supervisor of RTW or rehabilitation program	56. Ongoing support/coordination of Employee, HR, Supervisor of RTW or rehabilitation program
Carrier			30. Adjudicates STD, requests additional medical information, if required 31. Notify Employee/HR of claim approval	44. Identify candidates for rehabilitation if not already done so for Rehabilitation Committee 45. Resource to Rehabilitation Committee on medical/vocational rehabilitation 46. Adjudicates LTD, requests additional medical information, if required 47. Notify Employee/HR of claim approval/denial and life/LTD waiver of premium	57. Request/review ongoing medical information to manage change in definition and to determine return to work opportunities 59. Support Rehabilitation Committee/Programs 60. Initiate CPP application with Employee

Faculty Common Disability Plan Early Intervention and Disability Management

1. **EMPLOYEE CALLS SUPERVISOR DAILY:** This relates to the short term “casual” absence, where the employee does not know from day to day when he/she will recover and be able to return to work. Contact with the supervisor is essential for work planning, and similar reasons. This daily call also reinforces the employment contract - that the employee is expected to be at work, and to provide notification when this is not possible. For the longer term absence, this initiates the employee-supervisor lost time management collaboration that will continue until or beyond return to work.
2. **SUPERVISOR NOTES IN ATTENDANCE RECORD:** Accurate record-keeping is important for such diverse programs as accurate payroll payment, calculation of STD entitlement, calculation of LTD waiting period, etc. The “attendance record” may be part of the supervisor’s own files, or may be a centralized system; it may be manual or electronic.
3. **EMPLOYEE CALLS SUPERVISOR:** This is part of the daily routine for casual absence. On day 3, the supervisor and employee will typically discuss longer-term issues, including the need for a restrictions medical document (the Work Abilities form), other benefit entitlements, the involvement of Human Resources, etc. At this point, too, they will generally agree upon a less-frequent communication schedule, arrange for the next date/time of contact and agree on which of them will initiate it.
4. **EMPLOYEE SEES DOCTOR, SENDS WORK ABILITIES FORM TO HUMAN RESOURCES:** The employee, if he/she has not already seen a doctor, will do so in order to have the Work Abilities form completed. As it is possible it will contain confidential medical information, the form is directed to Human Resources to ensure confidentiality is maintained.
5. **SUPERVISOR ADVISES PAYROLL:** Depending on the type of plan, and benefits, this may occur earlier or later. Advice to payroll, however, ensures that the employee is appropriately shown as “sick” rather than shown on the departmental payroll budget. This is important for budgetary and related reasons, as well as for the reasons outlined in (2) above. The method of advising payroll will depend on systems in place - time cards, telephone calls, daily/weekly/monthly attendance or absence reports, etc. The supervisor’s role may include paperwork, or may require notice to the clerical or other individual who does the paperwork.

6. **SUPERVISOR ADVISES HUMAN /DISABILITY MANAGEMENT COORDINATOR (DMC):** While the supervisor manages lost time and the workplace, Human Resources manages the disability. At the college, the DMC should be the Human Resources focal point for disability management. In order to ensure early intervention, but to protect Human Resources from having to deal with casual absence for colds and the ‘flu, it is important that notification be provided as soon as the absence begins to extend past the “casual” level. This is usually 3 to 5 working days, sometimes it is longer, e.g. 10 days. This ensures that supervisors do not need to judge each situation on a case by case basis. Finally, advising Human Resources ensures that they will be able to follow up for outstanding restrictions forms.
7. **SUPERVISOR SENDS WORK ABILITIES FORM TO EMPLOYEE:** This varies by plan design and college. In some plans, there is a requirement for medical documentation or even an insurance claim. At a minimum, this ensures that the employee is receiving medical care, so that recovery is maximal. The documentation should *not* be considered to validate the absence, but should merely report on the employee’s degree of disability. The Work Abilities form may be in addition to Manulife Financial’s forms for an insured plan, and may be specific to the college. Forms should be widely available, but not so available that employees have a supply at home. Generally, the supervisor should arrange delivery by courier, taxi, co-worker, or pick up by employee or family member.
8. **SUPERVISOR STAYS IN TOUCH WITH EMPLOYEE:** This will be on a mutually agreed schedule, typically related to medical appointments. Weekly is common. The contact sustains the employment relationship, permits the supervisor to plan work allocation and to plan for the employee’s return to work, and permits the supervisor to offer help or information and the employee to request it. Medical information is not directly discussed, although modified work or functional/cognitive restrictions may be, depending on the situation and the relationship. The supervisor will usually discuss RTW at this time.
9. **PAYROLL CODES FOR ABSENCE:** Either Human Resources or the Payroll department is responsible for keeping track of absence. Multiple codes, especially for computerized attendance systems, are used for this. Where the college codes separately for sickness, injury, occupational injury, family illness/injury, etc., it will be important that the supervisor obtains accurate information. The payroll reporting form (or format) can be important in this regard. If sickness benefits are self-insured, Payroll may have two sickness codes - paid and unpaid - and may need to alter unpaid to paid when provided with appropriate authority.
10. **PAYROLL PAYS ON ADVICE FROM HUMAN RESOURCES:** Payroll typically is not responsible for authorizing for sick leave/STD/salary continuance payments (they just issue the cheques). As a result, Payroll may not release funds (or more than a specified time frame such as 2 weeks of funds) without appropriate authorization from Human Resources or the employee’s department.

11. **HUMAN RESOURCES/DMC RECEIVES RESTRICTIONS FORM, REVIEWS AND ADVISES PAYROLL:** All absence beyond casual absence must be reviewed. Where no insurance company is involved, this needs to be done internally. The need for consistency in case management means that a centralized system is needed — generally in Human Resources.
See #10 for discussion of the notification to payroll.
12. **HUMAN RESOURCES/DMC ADVISES SUPERVISOR OF ESTIMATED RTW:** This can be done on paper, or on the telephone. Some colleges use multi-part restrictions forms, with medical information blacked out on the “supervisor’s copy” to simplify this process. A discussion on the potential for return to work and any job modifications may take place between Human Resources and the supervisor. Generally, the employee will look to the supervisor for solutions. If the prognosis is not for return to work on a specific date, the supervisor will also need to know when the next medical update is required. This will assist in scheduling contact with the employee.
13. **HUMAN RESOURCES/DMC CONTACTS EMPLOYEE AND UNION:** This is the heart of both early intervention and disability management. The discussion should focus on the employee’s medical situation, abilities, treatment schedule, the potential for modified work, and on any programs Human Resources may have for treatment, or for accelerated referral to specialists, treatment facilities, etc. There should also be scheduling of the next contact and which party will initiate it, and discussion of when the next medical form or Work Abilities update is due for completion. If part of a college’s program, a mechanism for notifying the union of absent members needs to be created. This is an excellent opportunity for the DMC to discuss the RTW date with the employee.
14. **TREATING DOCTOR PROVIDES COMPLETED WORK ABILITIES FORM:** At the employee’s request, provides medical information necessary to plan for return to work and any necessary accommodations.
15. **UNION SUPPORTS EMPLOYEE:** Union supports the employee with a view towards an early return to work.
16. **EMPLOYEE WORKS WITH DOCTOR AND HUMAN RESOURCES/SUPERVISOR TO DEFINE LIMITATIONS:** This needs to be a collaborative effort between the person who makes work available (supervisor) and the person who knows the medical situation of the employee (doctor), with the DMC facilitating the discussion and providing input based on his/her knowledge of both the workplace and the limitations created by the disability. Manulife Financial may function as resources for this exercise.

17. **SUPERVISOR WORKS WITH EMPLOYEE/HUMAN RESOURCES AND LOCATES WORK:** Only the supervisor is in a position to make work available in a practical sense. Human Resources can remind everyone of the modified work policy, and can provide help in fitting the job to the employee, but an uncooperative, uncompromising or uncommitted supervisor can guarantee a failed return to work in modified work or extended absence situations. Similarly, the employee who is not committed to the process and prepared to make some compromises can make it difficult to achieve a successful outcome.
18. **SUPERVISOR RETURNS EMPLOYEE TO PAYROLL:** At the conclusion of any graduated or “ease back to work” program, reports employee at work rather than as absent or on rehabilitation.
19. **SUPERVISOR MONITORS RETURN TO WORK:** Whether the employee has returned on modified duty or to regular work, the supervisor should be checking to ensure that problems are isolated and resolved quickly. This type of approach contributes to successful, long-term rehabilitation and recovery.
20. **PAYROLL RESTORES PAY ON NOTICE FROM SUPERVISOR AND HUMAN RESOURCES:** This will vary depending on the college and on how rehabilitation and graduated returns to work are funded. It is important, for example, that a Manulife Financial-funded trial return to work not be reported as a return to work and paid from payroll, nor that a genuine return to work be overlooked in the belief that Manulife Financial will be funding it. Where there is an internal account for rehabilitation, only Human Resources or similar should have authority to access such payments.
21. **HUMAN RESOURCES/DMC COORDINATES EMPLOYEE, SUPERVISOR AND DOCTOR, ALSO MANULIFE FINANCIAL:** There are many participants in returning an employee to the workplace after a disability. The responsibility for doing so lies with the employee and supervisor, but Human Resources/DMC can provide advice, expertise, etc., as can the doctor, and Manulife Financial. Facilitation and coordination are handled by the DMC.
22. **HUMAN RESOURCES/DMC DOCUMENTS RTW PLAN:** Whenever an employee returns on a rehabilitation program, or returns after a very lengthy absence, the plan for return to work should be written down and copies provided to all participants. The Accommodation Planning form has been provided for this purpose. This ensures that there are no surprises, and helps the supervisor and employee to avoid disputes about job duties and limitations. The documentation forms part of Human Resources’s overall coordination effort.
23. **HUMAN RESOURCES/DMC ADVISES PAYROLL TO RETURN EMPLOYEE TO SYSTEM:** This is especially important if rehabilitation funding comes from a special account.

- 24. HUMAN RESOURCES/DMC MONITORS AFTER RETURN TO WORK:** The DMC's contact with the employee should not stop with return to work. The "keeps in touch" rationale continues after return to work, until the employee is demonstrably fully recovered or rehabilitated. Whether the employee has returned on modified duty or to regular work, the DMC monitors to ensure that problems are isolated and resolved quickly. This type of approach contributes to successful, long-term rehabilitation and recovery.
- 25. TREATING DOCTOR PROVIDES FEEDBACK RE: RTW PLAN:** The doctor's input is valuable to rehabilitation and return to work planning. Once the basic issue of degree of disability is determined (partial, rather than total) the doctor's input should be with regard to the details of the plan. That is, the doctor should not be allowed to veto return to work, although clearly there will be occasions where the specific job or job duties should be vetoed by the doctor. Such amendments are essential to successful rehabilitation. If the doctor is vetoing return to work, however, then he/she should be in a position to substantiate in writing that the employee is totally disabled.
- 26. UNION WORKS WITH EMPLOYEE, HR, SUPERVISOR TO PLAN RTW:** The union should have input to the RTW plan. Their input will be crucial to any cross union modified duty placements.
- 27. EMPLOYEE COMPLETES LTD CLAIM FORMS AND SENDS TO HUMAN RESOURCES:** Generally, Forms are provided 8 to 12 weeks before the LTD eligibility date, to ensure sufficient time for completion and adjudication. Forms are returned to Human Resources so that employer information can be added, and so that they can be checked for completeness.
- 28. EMPLOYEE KEEPS IN TOUCH:** It is important that employees not be "abandoned" by the employer once LTD benefits are payable.
- 29. SUPERVISOR KEEPS IN TOUCH:** The long-range goal of the college's disability management program is return to work, and this requires an ongoing connection to the workplace. The supervisor discusses RTW as appropriate.
- 30. PAYROLL STOPS PAYMENT AT END OF PLAN PERIOD:** When the full sickness benefit entitlement has been paid, payroll advises the employee, supervisor, Human Resources and terminates payments. Except for exceptional situations, LTD benefits should commence at the same time.

- 31. HUMAN RESOURCES/DMC SENDS WORK ABILITIES FORM FOR LTD TO EMPLOYEE:** At 8 to 12 weeks before LTD eligibility, Human Resources issues Work Abilities forms to the employee. This may be part of a package, that could include information for the employee on Canada Pension Plan disability benefits, entitlement to future group health benefits, reminders of modified work availability, etc. It can be helpful to provide a “help-line” telephone number, and notes on any special claim information Manulife Financial might want.
- 32. HUMAN RESOURCES/DMC REVIEWS LTD FORMS FOR COMPLETENESS, ADDS STD INFORMATION, AND FORWARDS TO MANULIFE FINANCIAL:** Forms are returned to Human Resources so that employer information can be added, and so that they can be checked for completeness. Typically, one of the functions of Human Resources is to assist employees in navigating the confusing process of LTD claiming. If medical or test reports are missing, the employee can be advised to obtain them, saving delays in the adjudication process. STD reports are often provided to the Manulife Financial, to demonstrate ongoing disability during the elimination period, and to supplement the LTD claim documents.
- 33. HUMAN RESOURCES/DMC MAINTAINS CONTACT WITH EMPLOYEE, SUPERVISOR, AND MANULIFE FINANCIAL:** It is important that the employer continue to provide assistance to the employee. The only thing that should change with the shift to LTD is the locus of adjudication and payment. Human Resources should be in touch with Manulife Financial in order to identify opportunities to assist with rehabilitation, and to ensure that adjudication, claim, and payment problems are dealt with early.
- 34. HUMAN RESOURCES/DMC MANAGES MANULIFE FINANCIAL:** Human Resources manages Manulife Financial with regard to the medical and vocational rehabilitation situation. Many employers address this through regular (annual, semi-annual, quarterly) meetings with the insurer’s claims and rehabilitation staff. *The meetings discuss all active claims, setting out an anticipated outcome and an action plan for achieving that outcome. Responsibility for activity to implement the action plan is also assigned, and results reported at subsequent meetings.* This is the forum in which the employer can set out its disability management, modified work and return to work policies to Manulife Financial, and seek out opportunities to bring employees back to work. This is also a good method for discussing expectations for Manulife Financial.
- 35. TREATING DOCTOR PROVIDES INFORMATION TO MANULIFE FINANCIAL:** The insurer will determine the frequency and nature of medical information required to support initial and continued benefit payment.
- 36. UNION SUPPORTS EMPLOYEE:** In LTD, the union should ensure that it and the college are staying in touch and that Manulife Financial is managing the claim appropriately.

- 37. EMPLOYEE PROVIDES MEDICAL INFORMATION:** This is an ongoing situation. The frequency of information will be determined by the individual situation, treatment plan, appointment schedule, etc. As Human Resources and the employee are in telephone contact, the number of restrictions forms should be kept to a minimum. The employee should, during telephone contact, be discussing functional limitations and restrictions and helping to determine when return to part time or modified work should be considered.
- 38. EMPLOYEE KEEPS IN TOUCH:** The employee should be in regular contact with Human Resources. The employee is also in touch with the Supervisor.
- 39. SUPERVISOR STAYS IN TOUCH WITH EMPLOYEE AND HUMAN RESOURCES:** This is an ongoing responsibility. The Supervisor should contact Human Resources if insufficient information is being provided as a matter of routine. The supervisor discusses RTW as appropriate.
- 40. PAYROLL REDUCES PAYMENT ACCORDING TO PLAN ENTITLEMENT:** For plans that do not pay at 100% until LTD, Payroll is responsible for identifying dates for implementing reductions, and for notifying employee, Supervisor, and Human Resources/DMC ahead of time.
- 41. HUMAN RESOURCES /DMC ISSUES AND REVIEWS UPDATE FORMS:** Update forms should come from Human Resources - and follow up for completed forms as well. Review and discussion is also an ongoing issue - this ensures that improvements in the employee's condition are noted and appropriate offers of modified work or job accommodation are made.
- 42. HUMAN RESOURCES/DMC ADVISES SUPERVISOR OF ESTIMATED RTW:** The situation is the same on an ongoing basis as it was at the initial review.
- 43. HUMAN RESOURCES/DMC MAINTAINS CONTACT WITH EMPLOYEE, UNION AND DOCTOR:** This is the heart of early intervention and disability management. Where possible, the doctor should be included in the dialogue, to enhance opportunities for early return to work.
- 44. DOCTOR COMPLETES MEDICAL UPDATES, WRITTEN OR BY PHONE:** If the doctor will provide information by telephone, this can avoid the need for completion of update forms in many cases.
- 45. UNION SUPPORTS EMPLOYEE.** Once an employee is in an extended situation where an early RTW is not possible, the union should continue its support of the employee by keeping him/her apprised of work site developments, ensuring that co-workers stay in touch, etc..

Faculty Common Disability Plan Disability Policies

MODIFIED WORK POLICY

The Institute will provide meaningful and productive work to disabled employees who, because of injury or illness, are unable to perform their regular work. Every reasonable effort will be made by the Institute to accommodate employees.

Modified work requires the placement of partially disabled employees into meaningful, productive work that is suitable to their disabilities and capabilities. It should use their skills, while maintaining the integrity of the job and the productivity of the work performed. Modified work permits the matching of an individual's restrictions and abilities with the demands of the job.

Objectives

- To minimise the disabling effects of injury and illness
- To assist in the rehabilitation of disabled employees to enable them to return to their regular jobs
- To enable employees who are unable to perform their regular jobs because of injury or illness to perform modified work, when capable
- To provide economic and psychological support to disabled employees
- To optimise the work contribution of the disabled employee who otherwise would be off work entirely

Responsibilities

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|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Senior Management | <ul style="list-style-type: none">▪ provide resources for Disability Management program▪ promote and support program principles▪ provide meaningful modified work jobs whenever possible▪ Assist with the communication of the Modified Work Policy to all employees |
| Co-ordinator | <ul style="list-style-type: none">▪ consult with stakeholders▪ coordinate planning of complex cases▪ monitor program for effectiveness▪ review individual cases on modified work▪ assess individual cases requiring permanent modified work▪ ensure uniformity of practices▪ audit the effectiveness of the Modified Work Program |

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| Human Resources | <ul style="list-style-type: none"> ▪ identify vacancies for accommodation potential ▪ support and coach managers ▪ benefits administration ▪ collective agreement interpretation and administration ▪ participate in return to work planning as required ▪ assess an employee's condition, restrictions, and the accommodation required, in consultation with the supervisor ▪ notify the union of an employee's absence |
| Department Heads | <ul style="list-style-type: none"> ▪ extend positive support to the disabled employee ▪ facilitate, where required and practical, for the disabled employee to attend prescribed medical or rehabilitation treatment ▪ initiate discussion of options ▪ communicate needs for specialized resources to HR |
| Supervisor | <ul style="list-style-type: none"> ▪ keep in touch with employee and HR during absence ▪ provide appropriate modified work to temporarily partially disabled employees ▪ where necessary, facilitate placement in other Departments ▪ monitor the disabled employee's progress in the modified work program |
| Unions | <ul style="list-style-type: none"> ▪ educate, support employees throughout disability process ▪ liaise with HR as required ▪ collective agreement administration and interpretation ▪ employee advocacy ▪ promote and support program ▪ participate in return to work planning as required |
| Employee | <ul style="list-style-type: none"> ▪ timely notification of absence and accommodation needs ▪ communicate abilities, duration, other return to work needs ▪ work within professional responsibilities ▪ provide medical information necessary to make decisions in the process ▪ actively participate in the recovery process ▪ make him/herself available for modified work ▪ keep in touch with the supervisor ▪ communicate any modified work problems which arise |
| Co-Workers | <ul style="list-style-type: none"> ▪ support ill or injured workers across the Institute |

WORK ABILITIES FORM

A Work Abilities Form can be used to assist injured/disabled employees when they return to work and to ensure that appropriate modified work is provided.

- | | |
|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Human Resources/
Supervisor | <ul style="list-style-type: none">▪ provide the injured employee with a Physician's Assessment of Work Abilities form to be completed by the treating physician. The form may be used to identify accommodation needs in cases of:<ul style="list-style-type: none">– non-occupational disability– workers' compensation disability– follow up for modified work placements already in place |
| Employee | <ul style="list-style-type: none">▪ ensure a completed form is provided when requested |

ABSENCE FOLLOW UP POLICY

The Institute will communicate with employees during all disability absences to ensure that the employee receives all necessary assistance.

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| Human Resources | <ul style="list-style-type: none">▪ talk to the employee monthly to ensure active medical treatment, availability for modified work and to identify the type and nature of any assistance that the Institute might be able to provide |
| Supervisor/Dept. Head | <ul style="list-style-type: none">▪ call the employee on the first day of absence if the employee does not call in▪ maintain contact once a week during the absence▪ ensure employee is kept informed of workplace news/issues/changes▪ offer modified work when appropriate |
| Employee | <ul style="list-style-type: none">▪ communicate with supervisor and HR as requested▪ identify and make known any modified work or accommodation needs▪ follow prescribed medical treatment |
| Union | <ul style="list-style-type: none">▪ assist employee with problems▪ participate in return to work planning when appropriate |

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PHYSICIAN'S ASSESSMENT OF WORK ABILITIES

Note to Physician: [institution] provides accommodation to ill or injured employees.

1. **Do not provide diagnosis or treatment.**
2. This form may be shared with your patient's supervisor or other non-medical staff at [institution].
3. The information on this form will be used to help the employee return to work.

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Employee Name: _____

Date: _____

WORK ABILITIES

DEMAND	FULLY ABLE	RESTRICTED		DEMAND	FULLY ABLE	RESTRICTED
• Twist/Turn	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Shoulder	<input type="checkbox"/>	<input type="checkbox"/>
• Bend	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Wrist	<input type="checkbox"/>	<input type="checkbox"/>
• Climb	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Grip	<input type="checkbox"/>	<input type="checkbox"/>
• Walk	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Judgement	<input type="checkbox"/>	<input type="checkbox"/>
• Sit	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Memory	<input type="checkbox"/>	<input type="checkbox"/>
• Squat	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Public Contact	<input type="checkbox"/>	<input type="checkbox"/>
• Stand	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Multiple Tasks	<input type="checkbox"/>	<input type="checkbox"/>
• Balance	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Concentration	<input type="checkbox"/>	<input type="checkbox"/>
• Push/Pull	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Ability to Provide Supervision	<input type="checkbox"/>	<input type="checkbox"/>
• Lift	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Ability to Receive Supervision	<input type="checkbox"/>	<input type="checkbox"/>
– Floor to Waist	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Sight	<input type="checkbox"/>	<input type="checkbox"/>
– Waist to Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Hearing	<input type="checkbox"/>	<input type="checkbox"/>
– Above Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Speech	<input type="checkbox"/>	<input type="checkbox"/>
• Neck	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Operating machinery/motor Vehicles	<input type="checkbox"/>	<input type="checkbox"/>
• Work Hours	<input type="checkbox"/>	<input type="checkbox"/>	_____	• Working at heights	<input type="checkbox"/>	<input type="checkbox"/>
• Work Shifts	<input type="checkbox"/>	<input type="checkbox"/>	_____			
• <i>Able to deliver instruction</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____			

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This employee will need to attend appointments at the following intervals: _____

Estimated duration of restrictions:

- | | | | |
|---------------------------------------|--------------------------------------|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> _____ days | <input type="checkbox"/> 2 – 4 weeks | <input type="checkbox"/> 4 – 6 weeks | <input type="checkbox"/> 6 – 8 weeks |
| <input type="checkbox"/> 8 – 10 weeks | <input type="checkbox"/> > 10 weeks | <input type="checkbox"/> long term _____ weeks | <input type="checkbox"/> permanent |

Not capable of working: _____

Estimated return to work date: _____

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Physician's Signature: _____

Date: _____

PHYSICIAN'S ASSESSMENT OF WORK ABILITIES

Patient Name (Please Print)

Date

This person has been under my care for an illness or injury, which has prevented/limited his/her attendance at work on the following dates: _____

Note to Physician: Institute provides accommodation to ill or injured employees.

1. **Please do not provide diagnosis or treatment.**
2. Information on this form will be used to assist the employee's return to work.
3. This form will be held in confidence by the Institute Health Coordinator with the understanding that only pertinent information required to ensure successful return to work will be shared with your patient's supervisor or other non-medical staff at the Institute.

Please check one of the following - This person is:

- able to return to work without limitation
- unable to return to work:
estimated return to work date: _____, 20 _____
- able to return to work with the following limitations**
(if this box is checked, please complete the entire right hand side of the page, checking all that apply)

Physician's Signature

Date

Print Name

Phone

RETURN FORM TO: Employee Health Coordinator, Institute

Fax:

Phone:

DEMAND	LIMITATIONS
<input type="checkbox"/> Twist/Turn	
<input type="checkbox"/> Bend	
<input type="checkbox"/> Climb	
<input type="checkbox"/> Walk	
<input type="checkbox"/> Sit	
<input type="checkbox"/> Squat	
<input type="checkbox"/> Stand	
<input type="checkbox"/> Balance	
<input type="checkbox"/> Push/Pull	
<input type="checkbox"/> Lift: Floor to Waist	_____
Waist to Shoulder	_____
Above Shoulder	_____
<input type="checkbox"/> Work Hours	
<input type="checkbox"/> Work Shifts	
<input type="checkbox"/> Working at Heights	
<input type="checkbox"/> Neck	
<input type="checkbox"/> Shoulder	
<input type="checkbox"/> Wrist	
<input type="checkbox"/> Grip	
<input type="checkbox"/> Judgment	
<input type="checkbox"/> Ability to Provide Supervision	
<input type="checkbox"/> Ability to Provide Instruction	
<input type="checkbox"/> Public Contact	
<input type="checkbox"/> Multiple Tasks	
<input type="checkbox"/> Concentration	
<input type="checkbox"/> Hearing	
<input type="checkbox"/> Speech	
<input type="checkbox"/> Operating Machinery/Motor Vehicles	
<input type="checkbox"/> Other	

ESTIMATED DURATION OF ABOVE RESTRICTIONS:

- _____ days
- 2 - 4 weeks
- 4 - 6 weeks
- 6 - 8 weeks
- 8 - 10 weeks
- > 10 weeks
- Long Term, estimated _____ weeks
- Permanent

This employee will have to attend appointments at the following intervals:

Employee Instructions:

Physician's Assessment of Work Abilities Form

In an effort to minimize charges by your physician we suggest you fill in all personal information required in the form. This includes Name, Date, and the Physician's Name and Telephone Number.

If your physician believes you are unable to return to work or that you are able to return to work without limitations, your physician only needs put a tick mark in the appropriate box. It is a good idea to let them know that.

If your physician believes you are able to return to work but with limitations on the duties you are able to perform on your return he or she needs to fill out the second page.

The form is structured as follows:

1. If your physician believes you are able to return to work with no limitations on the duties you are able to perform he or she will check the first box.
2. If your physician believes you are unable to return to work he or she will check the second box and provide an estimate when you may be able to return.
3. If you can return to work with some limitations on the duties you can perform your physician will need to check the third box and fill out second page of the form. This information will assist the Institute in planning your return to work.
4. After you and your physician have completed the Physician's Assessment of Work Abilities form, have it faxed to the attention of the Employee Health Coordinator as soon as possible in order to ensure the timely processing of your claim.

If you have any questions regarding the completion of the form, or about your return to work, please call the Employee Health Coordinator.