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Injury Case Management / Return to Work Policy

Purpose

This policy is in place to ensure Hurt & Proffitt provides meaningful work activity for employees who are unable to perform all, or portions, of their regular work assignments or duties. This policy applies to employees suffering from either a work or non-work-related injury or illness. The goal is to modify an existing job or identify a new job to allow employees to return to productive, regular work as quickly as possible. By providing transitional or modified work activity, injured or ill employees remain an active and vital part of the company. A Return to Work policy reduces lost time days, allows workers to recover more quickly and makes for a more positive work environment.

Eligibility

All active employees who become temporarily unable to perform their regular job duties due to a compensable work-related or non-work-related injury or illness may be eligible for transitional or alternate work duties within the provisions of this policy. Return to work tasks may be in the form of:

- Changed duties within the scope of the employee's current position
- Other available jobs for which the employee qualifies, outside of the scope of his or her current position
- An altered schedule of work hours

Transitional Work

Transitional work is temporary, modified work assignments within the worker's physical abilities, knowledge, and skills.

When possible, transitional positions will be made available to injured workers to minimize or eliminate lost time from work. Hurt & Proffitt cannot guarantee a transitional position and is under no obligation to offer or create any specific position.

In the event an employee refuses transitional work, Hurt & Proffitt is not obligated to provide an alternative position, and Hurt & Proffitt will notify the insurance carrier of the employee's refusal of the transitional work.

Alternate Work


Alternate work is designed as a placement service for individuals who have reached maximum medical improvement and are still unable to perform the functions of their pre-injury job.

Procedures

Transitional or alternate positions are developed based on the physical ability of the worker, the business needs of Hurt & Proffitt, and work availability. Hurt & Proffitt will determine the work hours, duration, and location of any transitional or alternate assignment.

To obtain a transitional or alternate assignment the employee must request a Return to Work Medical Release form from Human Resources and provide that to the employee's health care provider for completion.

If the health care provider releases the employee to return to work on modified duty and has completed

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the Return to Work Medical Release form, the employee should return the form to Human Resources. The employee cannot return to work without the release of his or her health care provider.

Job Offer

After reviewing the completed Return To Work Medical Release form, Human Resources will determine if there is a transitional or alternate job position available and a written notice of the transitional or alternate position will be prepared and mailed to the employee noting the job description, start date, hours, wage, and duration of the transitional or alternate assignment. The employee will be asked to sign the notice indicating their acceptance or refusal of the job offer and return it to Human Resources. Copies of the job description, work release and the offer of a transitional position will be forwarded to the insurance carrier.

Any employee returning to a transitional position must not exceed the duties of the position or go beyond the restrictions indicated by their health care provider. If any medical restrictions change, the employee must immediately notify their supervisor and provide the supervisor a copy of the new medical release.

Supervisors will monitor work performance to ensure the employee does not exceed the requirements set by the health care provider. It is the responsibility of the employee and the employee's supervisor to notify Human Resources if any time is missed from transitional work or of any changes in work assignments. Human Resources will communicate with the insurance carrier as necessary.

RETURN TO WORK – MEDICAL RELEASE

EMPLOYEE NAME: _____ SSN#: _____

Description of Injury: _____

**PLEASE CHECK ONE OF THE
FOLLOWING Employee may return to work:**

A. _____ Without restrictions on _____

(Date)

B. _____ Less than full schedule, from _____ to _____
(specific dates or span of time)

Number of hours per day _____, Release Date to Return Full Schedule: _____

C. _____ With these restrictions (list below), from _____ to _____
(specific dates or span of time)

with Full Medical Release Effective: _____

RESTRICTIONS

If the employee's ability to perform any of the following activities is limited by his/her condition, please describe the extent of the limitation and the expected duration.

Restriction	Limitation	Expected Duration
Standing		
Walking		
Sitting		
Kneeling		
Crawling		
Climbing		
Lifting/Carrying/Weight Limitation		
Reaching/working overhead		
Pushing/Pulling		
Driving		
Keyboard use/Repetitive hand motion		

List any other restrictions or limitations not listed above (i.e., any medication side effects or implications):

Is there assistance that would enable employee to return to work? ____ No ____ Yes. If yes, please explain:

SIGNATURE OF HEALTH CARE PROVIDER: _____ DATE: _____

NAME OF HEALTH CARE PROVIDER (please print): _____

OFFICE PHONE # _____ OFFICE FAX # _____