

POLICY AND PROCEDURE MEMO

NO. 2.007 DATE: 10-29-0

: 10-29-09 Approved JS 8-1-13 Approved

SUBJECT:

TEMPORARY ALTERNATIVE DUTY

CITY MANAGER

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I. <u>STATEMENT</u>:

In compliance with RSA 281-A:23-b, the City of Rochester will be providing temporary alternative work opportunities to all employees disabled by a work-related injury or illness.

II. <u>PURPOSE</u>

A TAD program is intended to provide transitional or temporary alternatives to normal employment activities for employees who have been released to lighter duties than their current occupation requires. This may mean re-assignment to different duties or may merely require a different work schedule. The duties may include an assignment to a different job or may require creatively selecting various responsibilities from several different job descriptions that fit within the physician's restrictions.

III. <u>PROCEDURE</u>

- A. As soon as the treating physician has released the employee to lighter duties than the current position requires, subsequent to said injury or illness, the employee may be called upon to return to employment in a temporary alternate position. Such reassignments will be in conjunction and compliance with collective bargaining agreement language if applicable for various bargaining units.
- B. According to RSA 281-A:25-a, the temporary alternative work assignment terminates after eighteen (18) months from the date of injury.

See Attached Form(s):

Temporary Alternative Duty Report Form

-END OF PROCEDURE-



City of Rochester, New Hampshire

31 Wakefield Street • Rochester, NH 03867 (603) 335-7603 • <u>www.RochesterNH.net</u>

Human Resources | Payroll Administration

Date: 00/00/0000

Dear [Employee Name],

We have received your medical release from your doctor, [Physician Name] dated [Date] Your release form states you may return to work with the following medical work restrictions: Example: Modifications, until after MRI, such modification includes lift/carry max. of 5 lbs. and occasionally sit, bend, kneel squat, climb, stand, walk, reach, and drive.

The accommodation began on [Date] and end based upon future doctor visits.

The description of the modified employment is as follows: The City will allow for the temporary accommodation as stated above.

This is a temporary accommodation, **not** a permanent position. It is created to assist you while you are recovering. It is with the understanding that after each future doctor visits you will provide a medical update indicating either a release to perform the essential functions of your position or information describing updated functional limitations, so that a determination can be made regarding continuation of the temporary accommodation.

Employee's Responsibilities:

- Work within the written medical limitations
- Provide medical updates of functional limitations
- If taken off work by your doctor, notify supervisor and Human Resources
- Notify supervisor if unable to report to work for any reason

Supervisor's Responsibilities:

- Ensure that employee is not directed to perform tasks that exceed restrictions recommended by treating physician.
- Inform appropriate people in the department what employee's restrictions are and that the employee cannot exceed them.
- Contact Human Resources immediately in the event of performance, change in restrictions, or attendance problems.

Any extension of this agreement beyond this will be decided on a case-by-case basis and will be dependent upon additional information from your doctor and upon the needs of the department at that time.

It is understood that these are temporary arrangements designed to allow City of Rochester employees to work while recovering from illness or injury, and do not represent a permanent change of duties or responsibilities. It is understood that any problems that may arise during this transitional work period should be discussed openly and supportively. If assistance is desired, please call the Kimberly Conley, Human Resources Director at (603) 335-7503.

Employee Signature:	Date:
Supervisor Signature:	Date:
Human Resources Director Signature:	Date: