EMPLOYEE ASSIGNMENT FOR TRANSITIONAL DUTY

As a temporary safety restriction based on the advise of my medical provider, which is provided to the University on the attached Medical Provider Evaluation Form, I agree not to perform any of the duties indicated by my provider until I am fully released to do so. I understand that if I am currently eligible for worker’s compensation benefits and I violate safety procedures, my benefits may be reduced accordingly as determined by the Central Accident Reporting Office (CARO).

My signature below formalizes my assignment for transitional duty and indicates that I have read, understand, and agree to comply with above statement.

Employee Signature: _______________________________________ Date: _____________________

SUPERVISOR’S DETERMINATION:

😞 It is not possible to provide transitional duty for this employee.

😞 Transitional duty is approved for this employee from: ___________________ to _________________

ASSIGNMENT DETAILS

<table>
<thead>
<tr>
<th>TRANSITIONAL DUTY TASKS</th>
<th>WEEK 1</th>
<th>30 DAYS</th>
<th>60 DAYS</th>
<th>90 DAYS</th>
<th>120 DAYS</th>
<th>150 DAYS</th>
<th>180 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SUPV</td>
<td>EMP</td>
<td>SUPV</td>
<td>EMP</td>
<td>SUPV</td>
<td>EMP</td>
<td>SUPV</td>
</tr>
</tbody>
</table>

SUPERVISOR & EMPLOYEE INITIAL TO INDICATE TASKS ARE SATISFACTORY:

Supervisor’s Signature: _______________________________________ Date: _____________________

Employee’s Signature: _______________________________________ Date: _____________________

HUMAN RESOURCES

__ Approve supervisor’s decision __ Modify supervisor’s decision (Attach Documentation) __ Other (Explain)

Human Resources’ Signature: _______________________________________ Date: _____________________
To the Employee:

University of Central Missouri provides transitional duty assignments to employees who are able to perform most (i.e., at least 80%) but not all of their duties for a period of up to six months based on a documented medical condition. This policy applies to all regular full-time and part-time employees from date of hire. Probationary periods may be extended if temporary restrictions interfere with the University’s ability to assess the employee’s suitability.

The restrictions are determined by a qualified physician or medical provider of the employee’s choice. The University reserves the right to specify a physician or medical provider, and will then assume the cost of that visit. The physician or medical provider must complete the Medical Provider Evaluation Form, based on information provided in the employee’s position description. The physician or medical provider may request additional information from the supervisor or HR.

Transitional duty includes but is not limited to temporarily suspending some job requirements or temporarily adjusting the required work schedule (e.g., adjusting the number of hours worked each day or adjusting the number of days worked each week). New jobs will not be created for employees requiring transitional duty, and transitional duty will not be provided under this policy when an employee has a progressive or chronic condition which will never permit the employee to return to the normal activities required of his or her full duty assignment.

PROCEDURES

** HR must be notified whenever employees are absent for medical reasons for 3 or more consecutive working days.

** Transitional duty requests will be initiated by the employee; the supervisor and/or HR should advise the employee of the opportunity for transitional duty and that it may be an option if the employee is unable to return to work with no restrictions.

** The employee must provide his or her physician or medical provider, or the physician or medical provider designated by Central, with a copy of Central’s Medical Provider Evaluation Form and a current copy of his or her position description. The employee must also obtain a Transitional Duty Request Form. All of these forms must be obtained from HR. The Medical Provider Evaluation Form does not contain a specific medical diagnosis relating to the employee (i.e., the form tells what the employee can or cannot do, not why). HR will follow-up with the employee if the forms are not returned to HR (via the supervisor) within ten working days.

** The physician or medical provider completes the information and returns the form to the employee.

** The supervisor reviews the request and discusses it with the employee. In conjunction with the employee, and in consultation with HR if necessary, the supervisor determines if the request can be approved and how. This determination will be based on the information provided by the physician or medical provider on the Medical Provider Evaluation Form, the requirements of the position on a regular basis as identified on the most current position description, and the extent to which the position would require temporary modifications to create a transitional duty assignment. The employee may request advice or assistance from HR at any time during this process.

** Supervisors should use their best judgment to determine how an employee's work duties might be performed on a transitional basis. When trying to determine how to temporarily modify an employee’s position expectations, it is unreasonable for the supervisor to expect that an employee must be able to perform every aspect of the position description at all times, unless the supervisor can demonstrate that nonperformance of a certain duty would prohibit the employee from safely or accurately performing all other job-related tasks.

** If the supervisor and the employee concur regarding the transitional duty assignment, the supervisor records the transitional duty determination and the transitional duty assignment. Copies of the completed form are provided to the employee and the supervisor, and the original is sent to HR to be placed in the employee’s personnel file.

** If the supervisor and the employee cannot reach consensus based on the information provided on the Medical Provider Evaluation Form, or if a supervisor believes it is impossible to temporarily modify the position for a transitional duty assignment, the supervisor should contact HR immediately to request advice and guidance. HR will then decide what course of action is in the best interest of the University and the employee.

** When it is determined that a reasonable performance modification cannot be made within the operational area, the request will be denied. Such notification will be provided to the employee by HR as soon as possible within 5 working days, with a copy to the supervisor.

** The employee provides an updated Medical Provider Evaluation Form every 30 days, not to exceed a period of 6 months. The supervisor and the employee will assess the employee’s ability to meet the requirements of the transitional duty assignment after 7 working days, then every month when the new Medical Provider Evaluation Form is resubmitted to the supervisor.

** The employee provides notice and documentation from the physician or medical provider indicating a full release and the ability to resume full duty at the end of the approved time frame, not to exceed 6 months.

** After 5 months on transitional duty, HR will request information from the physician or medical provider to determine if the employee will be fully released at the end of 6 months. If a full release is not anticipated by that time, the employee should begin discussions with Benefits Services in HR.

** If the employee is unable to resume full duty after 6 months of transitional duty, the employee needs to contact Benefits Services and discuss benefits options including applying for short-term disability or taking an unpaid medical leave of absence, or referral to the appropriate area to discuss options such as other employment or classification options, or requesting coverage under the ADA. If multiple recurrent requests for transitional duty are presented by an employee, which might result in a hardship on the office or area, it may not be possible to offer consecutive transitional duty assignments for that employee.

** Once the transitional duty assignment has begun, the supervisor will document any performance deficiencies relating to the transitional duty assignment, including poor performance or attendance, and submit that information to HR.
UNIVERSITY OF CENTRAL MISSOURI
MEDICAL PROVIDER EVALUATION FORM

EMPLOYEE INFORMATION
Employee Name: ______________________________  SSN or Banner ID: _____________________
Department: ___________________________  Supervisor’s Name: ______________________

MEDICAL PROVIDER EVALUATION
I have rated the following activities according to my examination of this employee, and I described in detail any of the activities which can be performed “occasionally” or “not at all”.

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>NOT AT ALL</th>
<th>OCCASIONALLY</th>
<th>FREQUENTLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Twist</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Squat</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Climb</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Reach</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Stand</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Sit</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Walk</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Drive</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Lift Over __________ lbs.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Carry Over __________ lbs.</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Grasping with Hands</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Fine Manipulation with Hands</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Pushing/Pulling with Hands</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Repetitive Foot Movement</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Environmental Exposure (e.g., sun)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>Other: _______________</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

Medical Provider Explanation of “Activities”: (No medical diagnostic information.)

Check all that apply:

[ ] Based on my examination of this employee, I recommend that he/she return to work with no restrictions, _______________ (DATE).

[ ] Based on my examination of this employee, I recommend that he/she return to restricted work on _______________ (DATE).

Type of restriction(s) required: _____________________________

Length of restriction: _______________ to _______________

[ ] The employee can perform 80% of the position duties indicated on the position description with the restriction. (Does not apply to workers compensation claims.)

MEDICAL PROVIDER’S SIGNATURE: ______________________________

Print Provider’s Name: _______________________________ Phone: __________________________
Providers Address: _____________________________________________
To the Physician or Medical Provider:

University of Central Missouri provides transitional duty assignments to employees who are able to perform most (i.e., at least 80%) but not all of their duties for a period of up to six months based on a documented medical condition.

The physician or medical provider must complete the Medical Provider Evaluation Form, based on information provided in the employee’s position description. The physician or medical provider may request additional information from the supervisor or HR. Employees must be able to perform at least 80% of the duties described in their current position description. The employee will provide the position description along with this form to the physician or medical provider.

Transitional duty includes but is not limited to temporarily suspending some job requirements or temporarily adjusting the required work schedule (e.g., adjusting the number of hours worked each day or adjusting the number of days worked each week).

Because the information on the Medical Provider Evaluation Form will be viewed by the employee’s supervisor(s), this form should not contain a medical diagnosis. The University needs to know what the employee is not able to do, not why the employee is unable to perform those duties.

Thank you for your assistance. If you require any additional information, please contact the Office of Human Resources at (660) 543-4255.