



ADMINISTRATIVE REGULATION

Effective Date: November 3, 2021

Administrative Regulation: 1-30

Revision Date: N/A

Supersedes: N/A

Approved By: William H. Ashton II

Subject: Temporary Modified Duty

I. Definition

Temporary, modified duty is a temporary adjusted work assignment given to an employee to accommodate their physical limitations while recovering from an illness or injury, not related to an on-the-job illness or injury or worker's compensation case. Temporary, modified duty may be offered so that an employee can continue to work while recuperating under restrictions ordered by a physician.

Temporary, modified duty is a town management prerogative and not an employee right. The availability of temporary, modified duty assignments within the town will be determined on a case-by-case basis, consistent with the operational needs of the town.

II. Purpose

The purpose of this administrative regulation is to establish procedures for temporary, modified duty assignments due to a non-work-related injury or illness when restrictions have been ordered by a treating physician. This policy is intended to maximize employee productivity as well as provide a work assignment consistent with the employee's capabilities.

III. Policy

Temporary, modified duty may be assigned to an employee who is temporarily unable to perform essential job duties of their position. Temporary, modified duty assignments may or may not be in the same occupation, department, or hours as the employee's original position prior to the non-work-related injury or illness. Temporary, modified duty assignments may or may not have the same rate of pay and benefits as the original position. If an employee chooses not to work in a temporary, modified duty assignment or does not provide the proper medical documentation, the provisions of Administrative Regulation 1-25, Leave will apply.

The town is under no obligation to provide a temporary, modified duty assignment.

Temporary, modified duty assignments are not permanent and shall not be subject to the grievance procedure.

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IV. Employees Involved

All town regular status employees are covered by the provisions of this administrative regulation.

V. Approval and Duration of Temporary, Modified Duty

It is mandatory for an employee to complete and submit the Temporary Modified Duty Certification Form to Human Resources for review.

The employee's department director in conjunction with the Human Resources Director, or their designee will consider temporary, modified duty requests documented by the medical provider.

Temporary, modified duty assignments may be approved for a period up to 60 consecutive calendar days.

If the employee's treating physician recommends continuation of temporary, modified duty beyond 60 consecutive calendar days, sufficient medical documentation will be required. The employee will be required to complete and submit an additional Temporary Modified Duty Certification Form to Human Resources for review prior to the expiration of the previous approval.

At the conclusion of the temporary, modified duty approval period or if the employee is not eligible for Family and Medical Leave, and the employee's treating physician determines the employee is unable to return to the original position without limitations, the employee's department director in conjunction with the Director of Human Resources will determine whether a reasonable accommodation may be made which would allow the employee to perform the essential functions of the original job, or if a total job reassignment is possible without undue hardship to the town. If a reasonable accommodation cannot be made, the Town Manager may approve to advertise and fill the original position. In that case, the employee may be considered for reemployment when a suitable vacancy within the town becomes available.

Once temporary, modified duty status ends, the employee must return to work in their original position at least 120 consecutive calendar days before being eligible for temporary, modified duty status again, if the need arises.



William H. Ashton II
Town Manager



**Temporary Modified Duty Certification Form
(non-work-related personal injury/illness)**

Employee Name:	Employee Signature:
Employee's job title: (Job Description Attached)	
Employee's regular work schedule:	
Date of injury/illness:	
Physician's Printed Name:	
Work Status as of (date) _____ is as follows:	
	Return to full duty without restrictions
	Unable to return to full duty; restrictions checked below apply:
	<u>Sworn Police Personnel Only:</u>
	Operate a firearm: yes () no ()
	Running: ___ none ___ 1-30% ___ 31-60% ___ 61-100%
	Respond to major incidents and events: ___ none ___ 1-30% ___ 31-60% ___ 61-100%
	Drive on the job while responding to emergency situations: ___ none ___ 1-30% ___ 31-60% ___ 61-100%
	Right or Left hand work only: yes () no (), which hand
	Simple grasping: Right hand: yes () no (), Left hand: yes () no ()
	Fine manipulation: Right hand: yes () no (), Left hand: yes () no ()
	Standing: ___ none ___ 1-30% ___ 31-60% ___ 61-100%
	No pulling or pushing over ___ 25 ___ 50 ___ 150 ___ 250 other _____ Pounds
	Ability to go up and down stairs: ___ none ___ 1-30% ___ 31-60% ___ 61-100%
	Crawling, Bending, or Stooping ___ none ___ 1-30% ___ 31-60% ___ 61-100%
	Twisting ___ none ___ 1-30% ___ 31-60% ___ 61-100%
	No lifting over ___ 10 ___ 20 ___ 30 ___ 40 ___ 50 ___ Other _____ Pounds
	May drive to work: yes () no ()
	May drive on the job: yes () no ()
	Car yes () no () Small Truck yes () no () Large Truck yes () no ()
	Vehicle Requiring Commercial Driver's License yes () no ()
	If light duty is not available patient is not able to work.

Due to the condition, it is medically necessary for the employee to work a modified schedule. Provide your best estimate of the modified schedule the employee is able to work.

From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy) the employee is able to work: (e.g., 5 hours/day, up to 25 hours a week):

___ These restrictions are: Temporary () Permanent ()

Anticipated RTW full duty date: _____

This patient: ___ continues under my care next appointment date _____
___ has been released from care

Physician's Signature: _____ Date: _____

Town of Herndon Internal Use Only

Department Director Recommendation/Approval:

Director of Human Resources Recommendation/Approval:

Temporary Modified Duty Dates: From _____ to _____

Modified duty assignments are subject to approval by the Department Head and Director of Human Resources.