EFFECTIVE DATE: JUNE 9, 1980

REVISION DATES: MARCH 15, 1990 , _____ , _____

SUBJECT: LIGHT-DUTY PROGRAM

I. PURPOSE:

The City of San Antonio's Light-Duty Program is designed to temporarily utilize permanent full-time employees to perform light-duty work while recovering from injuries or occupational illnesses that arise out of and in the course of employment or off-the-job injuries/illnesses which prevent full participation at work. However, the City is not obligated under any circumstances to assign light-duty work. A light-duty assignment shall be made with the employee's home department when appropriate light-duty work is available. Any light-duty assignment is of a temporary nature and shall not be construed as permanent. The City retains the right to remove or transfer an employee from a light-duty assignment as deemed necessary. This Program shall be executed in compliance with the Rehabilitation Act re: Non-discrimination of Handicapped Individuals.

II. PARTICIPATION:

A. Eligibility:

This directive covers all permanent full-time employees of the City of San Antonio, excluding uniformed fire and police personnel governed by a collective bargaining agreement.

B. Termination of Participation:

Participation in the light-duty program shall terminate upon (a) termination of employment, (b) change in employment status which precludes eligibility, (c) retirement of participant, or (d) completion of period of assignment [six (6) months or less] with the Light-Duty Pool.

III. DEFINITIONS:

A. Attending Physician - the physician who is treating the employee for illness/injury.

B. City - the City of San Antonio.

C. City Physician - the medical examiner who conducts evaluation on behalf of the City of San Antonio.

D. Coordinator - the Light-Duty Coordinator.

E. Employee - each permanent full-time employee of the City of San Antonio.

F. Home department - the employee's department of regular duty assignment.

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G. Light-duty assignment - a full-time position which involves work that the ill or injured employee with limitations/restrictions is capable of performing, per the City Physician's recommendations, and which involves work that can be accomplished without endangering the employee's recuperation process.

H. Light-Duty Coordinator - the person designated by the Director of Management Services to administer the Light-Duty Program.

I. Light-Duty Pool - a designated number of employees who are in light-duty assignments administered by the Management Services Department.

J. Permanent full-time employee - any employee who is classified as such by the City of San Antonio because the employee is regularly scheduled to work at least forty (40) hours per week for the City and is not classified by the City as a temporary, part-time, provisional, or seasonal employee; and is not in the classification of Police Cadet, Firefighter Trainee, Probationary Firefighter, or Probationary Police Officer.

K. Permanently disabled employee - an employee who is medically/physically incapable of performing the duties required of regular duty position.

L. Program - the Light-Duty Program.

M. Regular duty position - the employee's usual job assignment when not in a light-duty position.

IV. RESPONSIBILITIES:

A. Department Management:

1. It shall be the responsibility of the department head or designated representative to remain knowledgeable about the welfare and duty status of the injured or ill employee. This shall be done by frequent contacts with the employee, attending physician, Worker's Compensation Office, and other sources as necessary.

2. The departments shall designate light-duty assignments and shall notify the Light-Duty Coordinator of their availability. (Attachment)

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3. The department head shall accept assignments made by the Coordinator.

4. It shall be the department's responsibility to provide task statements and standards and pertinent history/information concerning the employee's illness/injury as requested by the Coordinator.

B. Workers' Compensation Office/Extended Sick Leave Plan Administrator:

1. The Workers' Compensation Office/Extended Sick Leave Plan Administrator shall establish a file for each ill or injured employee.

2. The Workers' Compensation representative and/or Extended Sick Leave Plan Administrator, in conjunction with the Light-Duty Coordinator, shall review each case for possible light-duty assignment.

3. The Workers' Compensation Office and/or Extended Sick Leave Plan Administrator shall remain knowledgeable about the duty status of the injured/ill employee and shall take appropriate action regarding employee's benefits.

C. City Physician/Medical Records:

1. The City Physician, on behalf of the City, shall conduct a medical examination prior to placing the employee in a light-duty assignment.

2. The City Physician shall evaluate the employee's medical records, establish contacts with attending physician(s), provide medical advice concerning the employee, make referrals for rehabilitation, and provide recommendations regarding work assignments. The City Physician shall report the results of the medical examination to the Light-Duty Coordinator.

3. The City Physician shall examine an employee who experiences medical problems while on light-duty at the request of the department through the Light-Duty Coordinator. (Attachment)

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4. All medical records generated by the City Physician and those provided by the attending physician shall be made available to the Light-Duty Coordinator, Workers' Compensation representative, Occupational Health Office, Extended Sick Leave Plan Administrator, and necessary management members of the home department. Informed written consent of the employee shall be required before medical records are released.

D. Management Services Department:

1. The Light-Duty Program shall be under the direction of the Director of Management Services, who shall designate a Light-Duty Coordinator to administer the Program. The Coordinator shall ensure that the Program is carried out in accordance with the terms of this directive.

2. The Coordinator shall review possible light-duty assignments and shall refer eligible employees to those departments with available assignments. The Coordinator shall first attempt to place the employee with home department.

3. The Coordinator shall serve as liaison between the Workers' Compensation Office, Extended Sick Leave Plan Administrator and City Physician regarding the employee's participation in the Program; make light-duty assignments; monitor the employee's light-duty status; ensure that information regarding the light-duty employee is forwarded to appropriate department; and refer employee for necessary training and/or testing.

E. Employee/Participant:

1. It shall be the employee's responsibility to comply with the procedures outlined in this directive and all other rules and regulations of the City of San Antonio.

2. The employee must be medically released by the City Physician prior to participation in the Program.

3. The employee while participating in the program may be required to submit to periodic medical examinations by the City Physician. The employee shall submit to medical examinations at the request of the department head or Director of Management Services, when such is felt to be necessary. (In compliance with Municipal Civil Service Rules of the City of San Antonio.)

4. The employee while participating in the Program shall keep the Coordinator and assigned supervisor informed regarding medical condition (changes to health, recuperation, etc.).

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V. Procedures:

A. Light-Duty Pool:

1. The Workers' Compensation Office and/or Extended Sick Leave Plan Administrator shall coordinate the consideration of an employee for light-duty assignment with the Light-Duty Coordinator. This shall occur within seven (7) working days after initial claim is received by the Workers' Compensation Office, or application for Benefits and Attending Physician's Statement are received by the Extended Sick Leave Plan Administrator.

2. The City Physician shall conduct a medical examination upon request by the Light-Duty Coordinator and shall report employment restrictions and overall results of examination to the Coordinator. If there is disagreement between the City Physician is a condition of receiving or continuing to receive accelerated compensation benefits.

3. The Coordinator shall notify the appropriate departments/ offices of the medical examination results.

4. If the employee is eligible for light duty as a result of medical examination, the Coordinator shall place the employee with home department if a light-duty assignment is available. If the employee is not placed in a light-duty assignment with home department, the Coordinator shall attempt to assign the employee to light-duty work in another City department.

5. Upon assignment to light-duty work in any department other than employee's home department, the employee shall be transferred to the Light-Duty Pool. While the employee is assigned to the pool, the department may fill the employee's regular duty position with a "temporary" worker. However, the home department must wait a minimum of thirty (30) days before filling the position with a temporary employee.

6. The department shall monitor the work performance of the participant and shall notify the Coordinator of any performance and/or medical problems. The department shall be required to evaluate the employee at least every sixty (60) days and/or upon completion of assignment and shall submit the evaluation to the Coordinator.(Attachment) If the employee experiences medical problems while in a light-duty assignment, the department shall request a medical re-evaluation through the Light-Duty Coordinator. (Attachment)

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7. The period for any light-duty assignment shall be determined by the City Physician based upon the medical evaluation of the employee. However, no light-duty assignment shall exceed six (6) months, at which time the City Physician shall make a final recommendation regarding continued employment.

8. Upon completion of light-duty assignment with the Light-Duty Pool, all documentation, evaluations, and other paperwork maintained on the employee while in a light-duty position shall be sent to the home department for inclusion in the employee's field file.

9. If it is determined upon medical examination by the City Physician while an employee is on light-duty assignment that the employee's disability is permanent, the employee may be removed from the light-duty assignment. The Coordinator shall notify appropriate department and shall follow the procedures regarding the permanently disabled employee outlined in this directive.

B. Permanently Disabled Employee:

1. The City may attempt to place a permanently disabled employee in another job based on the City Physician's recommendations regarding the employee's physical capabilities. However, should these efforts fail, the City shall terminate the employee in compliance with the Municipal Civil Service Rules of the City of San Antonio.

2. The City Physician shall determine the physical limitations and shall outline the tasks which the employee can be expected to perform. The City Physician shall consider the results of medical examinations, tests, and any documentation submitted by attending physician(s). The City Physician shall provide the Coordinator with a list of restrictions which permanently limit the employee's performance. The Coordinator shall notify appropriate departments/offices of results.

3. The Management Services Department shall identify and refer the employee for vacant positions which the employee could reasonably be expected to perform based on the employee's work experience, skills, education, and physical limitations. The Management Services Department may refer the employee for testing, training, or rehabilitation to qualify for any vacant positions.

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4. The interviewing officer shall give special consideration to hiring the permanently disabled employee and shall justify, in writing, specific reasons for non-selection.

5. The Coordinator shall review the option of retirement with the employee, when appropriate, and shall refer the employee to Risk Management for further information.

6. The Coordinator shall close each case within ninety (90) days, at which time the Coordinator shall notify the employee's department and other appropriate departments/offices of failure to place the employee, and the department may initiate the termination process.

C. Termination:

An employee may be terminated if the employee:

1. fails to report for two medical examination appointments, as scheduled, with the City Physician, or

2. fails to report for light-duty work, as scheduled, upon medical release, or

3. fails to return to regular duty upon medical release, or

4. engages in outside employment, either part-time or full-time, for pay, for self or another person, firm, or company while recovering from an illness or injury without authorization from the City Physician, or

5. falsifies or misrepresents the injury/illness while assigned to light-duty, or

6. refuses to accept or perform a different job recommended by the Coordinator or refuses testing, retraining or rehabilitation, or

7. suffers from a disability which precludes further employment, or

8. exhausts maximum length of assignment to Light-Duty Pool, fails to secure alternate job placement and is still not expected to return to regular duty based upon medical examination.

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George K. Noe
Director of Management Services

Louis J. Fox
City Manager

3-15-90
Date

CITY OF SAN ANTONIO

INTERDEPARTMENT CORRESPONDENCE SHEET

To: Light Duty Coordinator

FROM: Department Head

COPIES TO: Employee, Employee's File, Workers' Compensation

SUBJECT: REQUEST FOR MEDICAL RE-EVALUATION OF LIGHT-DUTY EMPLOYEE

Date: _____

It is requested that a medical re-evaluation be scheduled for

_____, _____,
Employee's Name Social Security Number

who is on light duty assignment with the _____ Department.

This employee is experiencing the following medical problems:

_____

_____

_____

_____
[ATTACHMENT(S)]

_____
Department Head

Attachment(s):

(To include any pertinent medical documentation, memos related to medical problems, etc.)

Evaluation Form for Light-Duty Employee

Name _____ Soc. Sec. No. _____
(Last) (First) (MI)

Dept. _____ Period covered by Report: From: _____ Thru: _____

Rate the light-duty employee in each category based upon the following rating scale:

4 - Outstanding
3 - Above Average
2 - Average
1 - Below Average
0 - Unsatisfactory
N/A - Not applicable

RATING CATEGORY	RATING (CIRCLE ONE)				
A. Attendance	4	3	2	1	N/A
B. Planning & Organizing	4	3	2	1	N/A
C. Compliance with Rules and Regulations	4	3	2	1	N/A
D. Decision-Making Skills(Judgement)	4	3	2	1	N/A
E. Ability to Get Along with Co-Workers/Supervisors/Public	4	3	2	1	N/A
F. Appearance, as it Relates to Job	4	3	2	1	N/A
G. Communication Skills	4	3	2	1	N/A
H. Safety	4	3	2	1	N/A
I. Care of Equipment	4	3	2	1	N/A
J. Meets Work Schedule & Use of	4	3	2	1	N/A
OVERALL RATING (AVERAGE OF A - J)					

COMMENTS: _____

Rater's Name (Please Type) _____

Rater's Signature _____ Date _____
(Supervisor)

Employee's Signature _____ Date _____
(The signature of the employee does not signify that the employee agrees with the rating but merely that the employee has received the evaluation.)

Please submit to the Light-Duty Coordinator.

DESIGNATION OF LIGHT-DUTY POSITION

Job Title _____ Number of Positions Available _____

Department/Division _____/_____

Contact Person/Phone No. _____/_____

Work Hours _____

****

Tasks Required of Position
(List major tasks.)

1. _____

2. _____

3. _____

4. _____

5. _____

****

Physical Activities Required
To Perform Job

Activity Required	Yes	No	Frequency of Activity
1. Sitting			
2. Walking			
3. Standing			
4. Bending			
5. Squatting			
6. Climbing			
7. Kneeling			
8. Twisting			
9. Lifting			
0-10 lbs.			
11-10 lbs.			
21-50 lbs.			
51-75 lbs.			
76 + lbs.			
10. Reaching			
Below Shoulder			
Shoulder Height			
Above Shoulder			
K. Operate Foot Controls			
L. Hand Dexterity			
M. Other			
_____			
_____			

****

Working Environment
(Check any that apply.)

1. Inside _____ 2. Outside _____ 3. Extreme Heat _____
4. Extreme Cold _____ 5. Noise _____ 6. Dust/Fumes _____
7. Other _____

****

Minimum Qualifications Required to Perform Job

Educational Level _____ _____

Work Experience _____ _____
Type Number of Years

Driver's License: Yes _____
No _____

(If yes, indicate type of license. _____)

Other Licenses Required: _____

_____

Skills: _____

_____

_____

Other Qualifications: _____

_____

_____

****

Miscellaneous:

_____

_____

_____

_____

_____ _____
Department Head's Signature Date