

**WORKERS' COMPENSATION INJURED WORKER
AGENCY TRANSITIONAL WORK AGREEMENT (used within the same agency)**

1. EMPLOYEE NAME		2. EMPLOYEE ID NUMBER		3. ASSIGNED DISTRICT/PROGRAM	
4. INJURY DATE	5. ASSIGNMENT BEGINS	6. ASSIGNMENT EXPECTED TO END	7. REGULAR AND (IF APPLICABLE) ASSIGNED SUPERVISOR FOR TRANSITIONAL WORK		
8. SHIFT HOURS / DAYS			9. PHYSICIAN NAME AND TITLE		
10. 30-DAY REVIEW		11. 60-DAY REVIEW		12. 90-DAY REVIEW	13. 120-DAY REVIEW
14. LIMITATIONS / RESTRICTIONS (PER DOCTOR RELEASE ON FILE)					
15. TRANSITIONAL ASSIGNMENT DETAILS / DESCRIPTION					
Employee will follow limitations specified by doctor (noted above) while performing duties. Employee will discuss/arrange with regular and transitional supervisor, dates and times for doctor, chiropractor, physical therapy appointments as prescribed by MD in a written doctor's note.					
<p>Job Duties: Employee will be required to satisfactorily complete job tasks as assigned, with the above limitations observed and duties performed accordingly. Transitional work will end whichever of the following occurs first:</p> <ol style="list-style-type: none"> 1. Transitional work is no longer available.* 2. Your doctor releases you to regular work. 3. Your doctor indicates that you are medically stationary and have permanent restrictions as a result of the injury that will prevent you from returning to your regular job. 4. Your claim for worker's compensation benefits is denied. 5. One hundred twenty (120) consecutive calendar days have elapsed from the beginning date of the transitional duty. (Refer to the DAS Policy DAS-50.020.05, Early Return to Work of Injured Workers and ORS 659A.063). <p>* If supervisor is made aware of, witnesses, or provides witnesses that will state that employee is not working within doctor's restrictions, transitional duties can be terminated immediately.</p>					
Due to the above limitations of the employee, unless specifically addressed on the work release, work on holidays or overtime will not be allowed or approved. Wages and benefits will remain the same during transitional duties.					
Unless a significant change is noted by the doctor (in writing) this agreement will be in effect for 120 consecutive calendar days and evaluated every 30 days by Supervisor and Workers Compensation Manager for job modification(s) until employee is released to full duty or 120 days has elapsed. Submission of a full release immediately terminates this agreement, and employee is released back to their regular job duties without restrictions. In accordance with DAS Policy-50.020.05, after exhaustion of 120 days, the employee will be sent home until a full release is presented to supervisor. SAIF will be notified and time loss payments may start the following day.					
Injured workers are to submit a new doctor's release every two weeks or at least after each medical appointment. All doctor releases are to be submitted to the Supervisor and Safety Manager within 24 hours of receipt. Worker will use own accrued leave, in accordance with applicable agency leave policies or union contract articles, to cover missed time for all medical appointments (Doctor, PT, and Chiropractic) unless visit is requested by SAIF. All sick days will be covered by employee's sick leave, per agency leave policy or applicable union contract articles. Contact your Claims Adjuster as SAIF may pay time loss if a doctor's note is provided excusing employee for a specific day due to on-the-job injury.					
EMPLOYEE'S SENDING SUPERVISOR PRINT NAME		EMPLOYEE'S SENDING SUPERVISOR SIGNATURE		DATE	
EMPLOYEE'S RECEIVING SUPERVISOR PRINT NAME		EMPLOYEE'S RECEIVING SUPERVISOR SIGNATURE		DATE	
SAFETY MANAGER/ HUMAN RESOURCES PRINT NAME		SAFETY MANAGER/ HUMAN RESOURCES SIGNATURE		DATE	

I have read the above transitional job duties and responsibilities. I understand that these job duties have been assigned in compliance with my physician's orders. I agree to abide by these limitations and to notify my supervisor immediately of any problems or change in my physical condition.

EMPLOYEE PRINT NAME	EMPLOYEE SIGNATURE	DATE
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