

[Sending  
Agency  
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**Early Return to Work  
Intra-Agency Modified Work Assignment  
MEMORANDUM OF AGREEMENT**

ASSIGNMENT DETAILS			
1. EMPLOYEE NAME	2. EMPLOYEE ID #	3. CURRENT CLASSIFICATION TITLE	
4. SENDING AGENCY / AGENCY #		5. RECEIVING AGENCY / AGENCY #	
6. REGULAR SUPERVISOR NAME AND CONTACT INFO.		7. RECEIVING SUPERVISOR NAME AND CONTACT INFO.	
8. ASSIGNMENT BEGIN DATE		9. EXPECTED ASSIGNMENT END DATE (not to exceed 120 days)	
10. SHIFT HOURS / DAYS		11. PHYSICIAN NAME AND TITLE	
12. 30-DAY REVIEW	13. 60-DAY REVIEW	14. 90-DAY REVIEW	15. 120-DAY REVIEW
16. LIMITATIONS / RESTRICTIONS (PER DOCTOR RELEASE ON FILE)			
17. TRANSITIONAL ASSIGNMENT DETAILS / DESCRIPTION			
<b>CONDITIONS OF AGREEMENT INCLUDE THE FOLLOWING:</b>			
<ul style="list-style-type: none"> <li>Transitional work will be offered in accordance with the CHRO Early Return to Work of Injured Workers policy, 50.020.05.</li> <li>The home agency-at-injury remains responsible for the employee's pay, benefits, and managing of the WC claim.</li> <li>The receiving agency is responsible for supervision, work assignments and reporting of hours worked and missed.</li> <li>The employee, if represented, remains covered under their bargaining unit.</li> <li>This is a transitional work assignment, subject to a review every 30 days or sooner, and can be ended by either agency at any time.</li> <li>The sending supervisor will keep the receiving supervisor up-to-date on the employee's most recent work restrictions.</li> <li>The receiving supervisor will assign work in alignment with the employee's current work restrictions.</li> <li>The employee will perform assigned work in alignment with their current work restrictions.</li> <li>The employee's employment status and permanent classification does not change. The employee will be granted any salary adjustments or any increases for which they are eligible.</li> <li>The employee will remain eligible for agency promotional opportunities (in sending agency).</li> <li>All BOLI reinstatement / reemployment rights remain with the agency-at-injury.</li> <li>Failure to accept a bona fide offer of transitional work may impact the employee's reemployment and reinstatement rights.</li> <li>Workers' compensation coverage is provided by sending Agency.</li> <li>Other applicable special conditions: _____</li> </ul>			
<b>SIGNATURES (By signing this document you agree to all the terms and conditions of the assignment listed above.)</b>			
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	
In addition to the terms above, the 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><b>Job Duties:</b> 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"> <li>1. Transitional work is no longer available.*</li> <li>2. Your doctor releases you to regular work.</li> <li>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.</li> <li>4. Your claim for worker's compensation benefits is denied.</li> <li>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).</li> </ol> <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 modified duty period.**

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.**

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

\_\_\_\_\_  
EMPLOYEE PRINT NAME

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE