**REWARD TOOL #8 – TRANSITIONAL WORK LETTER TO PHYSICIAN, PLACEMENT OFFER (Template), AND JOB DESCRIPTION/ANALYSIS – PHYSICAL DEMANDS FORM**

**SAMPLE Letter to Medical Provider about Transitional Position**

Date

Name of Injured Employee’s ATP

Address

City, State, Zip

RE: Transitional duty for (insert name of injured worker and state file number)

Dear Dr. (insert name of ATP):

We would like to offer a modified-duty assignment for (insert name of injured worker) so that (he/she) can return to work. Enclosed is a copy of the proposed assignment and its physical demands. Please provide your medical opinion about whether (insert name of injured worker) can perform the tasks associated with this assignment. If additional modifications are needed so (insert name of injured worker) can perform this assignment, please describe the additional modifications in detail.

Thank you for treating Mr./Ms. (employee) and assisting (him/her) in returning to work.

Yours truly,

Return to Work Coordinator’s name and title

CC: adjuster and employee

Enclosure: Modified-duty assignment description

**SAMPLE Transitional Job Offer to Employee**

Employer Name/Location:

Employee Name: Claim number:

(Insert the name of the company) is committed to helping employees make a safe return to work. Working benefits physical and mental health and might even speed healing.

We are offering (insert employee’s name) the following modified-duty assignment:

Enter job title, specific job duties, equipment/machines/tools required, and attach job description/analysis form.

Schedule, pay rate, and the time period limitations of the offer:

Name and contact information for (RTW Coordinator) responsible for return-to-work program:

Modified-duty supervisor’s contact information:

Signature of contact responsible for return-to-work program:

Employee: Accepts  Rejects Transitional Job Offer

Employee Signature:

**TRANSITIONAL WORK PLACEMENT JOB DESCRIPTION/ANALYSIS – PHYSICAL DEMANDS**

*This section is to be completed by a RTW coordinator and provided to the employee and supervisor*.

Send to physician if more detailed restrictions are needed to determine appropriate modified work.

Employer Name/Location:

Employee Name: Claim number:

Job Title:

Work Schedule:

Physical Demand – Strength: in an 8-hour day, this job requires:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lift/Carry**  ***Lifting is bilateral*** *unless otherwise noted* | **Never** | **Occasionally**  (up to 33%) | **Frequently**  (34% - 66%) | **Continuously** (67% - 100%) |
| **Under 10 lbs.** |  |  |  |  |
| **11 - 20 lbs.** |  |  |  |  |
| **21 - 50 lbs.** |  |  |  |  |
| **51- 100 lbs.** |  |  |  |  |
| **Bend/Stooping** |  |  |  |  |
| **Twist/Turn** |  |  |  |  |
| **Reach Below Knee** |  |  |  |  |
| **Push/Pull** |  |  |  |  |
| **Squat/Kneel** |  |  |  |  |
| **Sit** |  |  |  |  |
| **Reach Above Shoulder Level**  *Please* ***circle*** *whether answer is for:*  Left Arm, Right Arm, or Both? |  |  |  |  |
| **Overhead Reaching**  Left Arm, Right Arm, or Both? |  |  |  |  |
| **Forward Reaching**  Left Arm, Right Arm, or Both? |  |  |  |  |
| **Injured Hand/Wrist Condition** | Never | Occasional | Frequent | Constant |
| **Perform Job Tasks with One Hand** Please circle: Left or Right Hand? |  |  |  |  |
| **Lifting with Injured Hand/Wrist** |  |  |  |  |
| **Can Wear Splint/Brace While Working** |  |  |  |  |
| **Can tolerate Hot/Cold Temperature** |  |  |  |  |
| **Repetitive or sustained griping** *Please* ***circle*** *whether answer is for:*  Left Hand, Right Hand, or Both? |  |  |  |  |
| **Environmental Conditions** |  | |  | |
| **Change Positions as Needed?** | **Yes** | | **No** | |
| **Involves Driving on the Job** | **Yes** | | **No** | |
| **Dust/Fumes** | **Yes** | | **No** | |
| **Vibration** | **Yes** | | **No** | |

**Additional description of job demands or additional limitations:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_