

DEPARTMENT OF PUBLIC WORKS MANAGEMENT MANUAL

**Personnel  
Directive**

Subject: RETURN TO WORK PROGRAM

**ADOPTED BY THE BOARD OF PUBLIC WORKS, CITY OF LOS ANGELES**

June 20, 2007

PERSONNEL DIRECTIVE NO. 56

BACKGROUND

On February 8, 2000, the City Council authorized the Personnel Department to proceed with the implementation of the City-wide Temporary Modified Duty Program. In October 2000, the Personnel Department developed the policies and procedures to assist City Departments in the implementation of this Program. The Temporary Modified Duty Program focuses on finding a light duty assignment for employees who become ill or are injured in connection with the performance of their duties which results in temporary work restriction(s).

This Personnel Directive will incorporate the City's Program policies and procedures into a comprehensive Return to Work Program for Department of Public Works' employees with temporary or permanent work restrictions, whether work-related or not. It enforces the City's policy that employees who become ill or are injured, whether in connection with the performance of their duties or not, be returned to work as soon as possible, consistent with their medical restrictions. This helps ensure that essential public services continue to be delivered, reduces the cost of workers' compensation (when work-related), reduces sick time usage (when non-work-related) and allows ill and injured employees to continue contributing their work effort to the City. **All questions should be referred to the Department's Return to Work Coordinator.**

PROCEDURE

To facilitate this program, each Bureau shall designate a Return to Work (RTW) Coordinator who will be responsible for administering and monitoring the Program. The name, title, work location and telephone number of the Coordinator shall be provided to the Personnel Director, Office of Management-Employee Services (OMES). The Department RTW Coordinator, OMES, shall oversee the Program for the Department and report monthly to the Personnel Director, Board of Public Works on the status of the Program. Each Bureau/Office will prepare return to work status reports as requested by the Personnel Director and/or Department RTW Coordinator, OMES.

Procedures have been developed for placement of employees with temporary or permanent work restrictions, whether work-related or non-work-related. Each Bureau/Office RTW Coordinator and supervisor should determine which of the two following categories applies to the employee and follow the appropriate procedures:

**SECTION I: TEMPORARY WORK RESTRICTIONS (90 CALENDAR DAYS OR LESS) – WORK-RELATED OR NON-WORK-RELATED**

I. TEMPORARY WORK RESTRICTIONS (90 Calendar Days or Less)–Work-Related or Non-Work Related:

This section applies to employees with **temporary** work restrictions due both to a valid, physical or mental, work-related injury or illness or a non-work-related injury or illness.

A. Who is Eligible:

- An employee who has received a regular, exempt or emergency appointment.
- Employees on probation (Bureaus will need to work closely with OMES to properly evaluate probationary employees who are on temporary modified duty).

B. Who is Not Eligible:

- Employees with **permanent** restrictions;
- Hiring Hall, Court Referred volunteers, intermittent and community service workers not on payroll.

C. General Information:

- Employees will only be assigned to light duty assignments when returned to restricted duty by their workers' compensation doctor or personal doctor.
- Employees should notify their supervisor of their disability status by phone immediately following each medical appointment.
- A light duty assignment is limited to 90 calendar days or less per injury (Saturdays, Sundays, Holidays and Regular Days Off are included in the calculation of calendar days). **Extension of the 90 calendar days will be reviewed on a case by case basis.**

- Employees will remain off duty on IOD, sick, or medical leave status until placement to a light duty assignment is made. An assignment should be found as soon as possible.
- If an employee has been working and provides documentation placing him/her on light duty, Management must determine the ability to accommodate the employee in the current position or find another assignment as soon as possible.
- Participation in the program for work-related injuries is mandatory provided there are assignments that are available and compatible with the injury restriction. Refusal to cooperate will result in uncompensated time off until the employee is eligible to return to full duty status and, if appropriate, disciplinary action.
- Participation for non-work-related injuries is not mandatory. Employees with non-work-related injuries may utilize all leave of absence benefits available to them.
- Light duty assignments are allocated based on the needs of the Bureau/Office. An employee assigned to a light duty assignment may be subject to a change of duties, different work location, schedule change and/or shift change. Employees on a flexible work plan (9/80 or 4/10) may convert to a regular 40-hour workweek at the beginning of the next pay period, depending on the light duty assignment and in conformance with FLSA rules.
- The employing Bureau/Office has the first obligation to seek placement for its employees.
- To be referred for placement outside the employee's own Bureau/Office, the examining Workers Compensation physician or personal physician must indicate in writing that the employee's restrictions will be for two weeks or longer.
- Light duty employees will remain on the payroll of their employing Bureau/Office/Department regardless of assignment. The employee's employing Bureau/Office/Department shall maintain and submit the official timekeeping record of the employee.
- The temporary light duty supervisor is responsible for ensuring that the employee does not exceed his/her work restrictions in the light duty assignment.
- For work-related injuries, employee's time should be carried "LD" (light duty) on the timesheet while on light duty status. This will facilitate monitoring of the program to reduce workers' compensation costs.

- For non-work-related injuries, employee's time should be carried "HW" (hours worked) on the timesheet while on light duty status.
- If the temporary restrictions do not interfere with the employee's ability to perform the essential duties of his/her regular position, the employee's time should be carried HW.
- Employees will be paid at their regular salary, including regularly assigned bonuses, while on the program. In no case shall the employee be entitled to a higher rate of pay due to the light duty assignment.
- Any compensated time off requested by the employee is subject to the approval of the temporary supervisor.
- Where possible, treatments or therapy should be scheduled at the beginning or end of the work shift to lessen the impact of the employee's absence on the temporary job. If the employee is unable to obtain a more convenient appointment time, you should contact the assigned Workers' Compensation Analyst. The Workers' Compensation Analyst is able to contact the provider/pre-designated treating physician directly and attempt to obtain a more suitable time. If appropriate, the Workers' Compensation Analyst may direct the employee to a provider more conveniently located or with more flexible scheduling. Supervisors should allow for reasonable travel time. Employees receiving treatment during working hours should be carried "HW" with supporting documentation. No medical information other than the verification of attendance to appointment/therapy is required.
- For non-work related injuries, employees receiving treatment during working hours should be carried "SK" with supporting documentation.
- For work-related injuries, employees will not be allowed to return to their regular position until their workers' compensation doctor or personal doctor releases them to regular duty. Employees' release to regular duty should be confirmed with the Workers Compensation Analyst.
- For non-work-related injuries, the employing Bureau should refer employees who have been off work for more than 25 working days to the Medical Services Division for a release to return to regular duty.

Note: If you have concerns/questions regarding the employee's ability to return to restricted duty or ability to return to full duty, refer the employee to the Medical Services Division for a determination and evaluation of the employee's work status.

D. Notification of Temporary Work Restrictions

Work-Related or Non-Work-Related: The Bureau/Office will officially be notified by the authorized Workers' Compensation doctor or Workers' Compensation Analyst that an employee has temporary restrictions as a result of a work-related injury or illness. This notification must be in the form of an Injury Status Report Form (Attachment A) or a Duty Certificate (Attachment B). If a Duty Certificate is not provided, contact the employee's Workers' Compensation Analyst in the Personnel Department. No medical information other than the restrictions is required.

For non-work-related injuries, the employee's personal doctor will officially notify the Bureau/Office. The employing Bureau should refer employees who have been off work for more than 25 working days to the Medical Services Division for a release to return to work.

**Note:** When an employee is injured on the job, please refer to Personnel Directive No. 11, REPORT OF PERSONAL INJURY TO CITY EMPLOYEE, for instructions.

E. Procedure:

1. Supervisor/Manager Responsibility for employees returning with temporary work restrictions:
  - Notify your Bureau/Office RTW Coordinator.
  - Provide a completed copy of the Injury Status Report form (Attachment A) to the Workers Compensation Analyst.
  - Evaluate employee's work restrictions as applied to current job duties. Complete job description and essential duties of the employee's position with assistance from the Bureau/Office Human Resources Section.
  - Determine if employee can perform the essential duties of the current work assignment with the work restrictions. If they cannot, determine if other tasks can be performed within the Division. Employees should be accommodated within their own Division initially.
  - If the supervisor/manager is unable to place the employee in their current work assignment, Section or Division, contact the Bureau/Office RTW Coordinator to request placement in another Division within the Bureau/Office.

- If an assignment is identified:
    - ✓ Inform the Bureau/Office RTW Coordinator who will prepare and provide you with the Return to Work – Light Duty Assignment form (Attachment C) and the Notice of Light Duty Assignment (Attachment D).
    - ✓ Have the employee sign and date the completed Notice of Light Duty Assignment form (Attachment D).
    - ✓ Provide a copy of the Notice of Light Duty Assignment to the employee and the temporary supervisor. Return the original form to the Bureau/Office RTW Coordinator.
    - ✓ Notify the temporary supervisor to report time worked as light duty (LD) if work-related or hours worked (HW) if non-work-related.
    - ✓ Track the 90 calendar days for each employee. When the employee reaches the 45<sup>th</sup> calendar day, notify the Bureau/Office RTW Coordinator.
  - Ensure that an employee is not returned to their regular position until the examining Workers' Compensation physician or their personal doctor releases them to regular duty or can perform the essential duties of his/her regular position. Contact the Workers Compensation Analyst to confirm the employee's release to regular duty.
  - For the non-work related injuries or illnesses, refer the employee to the Medical Services Division to obtain a release to return to regular duty.
  - Maintain regular communication with the injured or ill employee regarding the status of their recovery.
  - Promptly notify the Bureau RTW Coordinator of any changes in the employee's restrictions.
  - Address the need for employee discipline separately from the temporary modified duty issues.
2. Temporary Supervisor's Responsibilities for employees returning with temporary work restrictions:
- Refer to Attachment C-2, Responsibilities of the Temporary Supervisor.

- Ensure you received copies of the Return to Work Light Duty Assignment (Attachment C) and the Notice of Light Duty Assignment (Attachment D) forms from the employee's supervisor.
- Have the employee sign and date the completed Notice to Light Duty Assignment form. Provide a copy to the employee and return the original to the Bureau/Office RTW Coordinator.
- Ensure that you receive a copy of the employee's timesheet from the employee's regular supervisor.
- Report time worked as light duty (LD) or hours worked (HW). Employee's time should be carried LD for work-related injuries and HW for non-work-related injuries.
- Consistent with the regular supervisor's timekeeping procedure, complete the timesheet of the employee. Transmit that record along with documentation (attendance at therapy, treatment or doctor appointments as well as extension of temporary restrictions) to the regular supervisor, who will then submit the official timesheet to their payroll section.
- Ensure that the employee provides you with documentation for therapy and/or doctor appointments attended during work hours. This is not a request for a medical diagnosis or a discussion about the employee's medical condition. Employees receiving treatment during working hours for work related injuries should be carried "HW" with documentation that supports the claim for "HW". If the employee fails to submit documentation, the employee's time should be coded absent without leave (AW).
- Employees working light duty (LD) may only use sick time for absences unrelated to the on the job injury.
- If available, facilitate temporary/visitor parking for assigned employee.
- Track the 90 calendar days for each employee. When the employee reaches the 45<sup>th</sup> calendar day, notify the Bureau/Office RTW Coordinator.
- On the 90<sup>th</sup> day, notify the Bureau/Office RTW Coordinator. **Do not send the employee home.**
- For work-related injuries or illnesses, do not return an employee to their regular duties until written documentation is received from the examining Workers' Compensation physician/personal doctor releasing them to regular duty and confirmation is received from the Workers Compensation Analyst.

- For non-work-related injuries or illnesses, ensure that the employee is evaluated by the Medical Services Division for a release to return to regular duty.
- Notify/forward a copy of the written documentation releasing the employee to work to the Bureau/Office RTW Coordinator.

3. Employee's Responsibilities returning to work with temporary work restrictions:

- Attend scheduled physician appointments and participate in prescribed treatment. Obtain documentation (attendance at therapy, treatment or physician's appointment) and provide to your supervisor.
- Provide the Injury Status Report form (Attachment A) to your treating doctor (physician) each time you are being treated for a work related injury. Obtain clear and specific work restrictions from your physician.
- Notify your supervisor of your disability status by phone immediately following each medical appointment.
- Provide the completed form or doctor's note from the physician including any restrictions which may apply to temporary modified duty status to your supervisor immediately after the physician places you off duty, evaluates you, and determines that you may return to work.
- Comply with the physician's restrictions and avoid activities that may re-aggravate your injury.
- Upon release to return to regular duty by the doctor, notify your supervisor immediately. Your supervisor will confirm your release to duty (work-related injuries or illnesses) with the Workers Compensation Analyst.
- If you are unable to return to duty after being returned to work by your doctor, contact your doctor and your assigned Workers Compensation Analyst immediately.
- Promptly notify your supervisor of any change in your work-related or non-work-related medical restrictions.

4. Bureau/Office RTW Coordinator's Responsibilities for employees returning with temporary restrictions:

- Each Bureau/Office RTW Coordinator shall identify specific tasks/duties that can be performed by employees placed on modified duty. The RTW Coordinator shall maintain a file with a list of these tasks/duties to refer to when placing an employee with restrictions.



- When the Bureau/Office supervisor notifies the Bureau/Office RTW Coordinator that an employee is being released to return to work with temporary restrictions, evaluate the injury information to determine if the work restrictions limit or do not limit the employee's ability to perform the essential functions of the job.
- When a Bureau/Office supervisor notifies the Bureau/Office RTW Coordinator that they can accommodate an employee, complete the Return to Work Light Duty Assignment form (Attachment C) and the Notice of Light Duty Assignment (Attachment D). Provide both forms to the supervisor for signature and distribution.
- When a Bureau/Office supervisor notifies the Bureau/Office RTW Coordinator that they cannot accommodate an employee, the supervisor must provide information that documents their efforts and inability to accommodate the employee.
  - a. Review documentation and ensure that an accommodation cannot be made. Documentation must be specific and include the evaluation of the employee's restrictions as applied to current job duties and an evaluation whether or not the employee can perform other tasks within the employing division.
  - b. Refer to file and review the list of specific tasks/duties that can be performed by an employee on light duty to find a job assignment that would accommodate the employee's work restrictions in another Division.
  - c. When an assignment is identified:
    - Complete the Return to Work – Light Duty Assignment form (Attachment C).
    - Provide a copy of the Return to Work – Light Duty Assignment form to the temporary supervisor with the temporary supervisor's responsibilities (Attachment C-2).
    - Complete the Notice of Light Duty Assignment (Attachment D).
    - Forward the Notice of Light Duty Assignment to the supervisor for the employee's signature and date.
    - Notify the temporary supervisor to report time worked as LD (light duty) or HW (hours worked). The "LD" should be

used for work-related injuries and “HW” for non-work-related injuries.

- Track the 90 calendar days for each employee.
- When the employee reaches the 45<sup>th</sup> calendar day, contact the assigned Workers’ Compensation Analyst to obtain an update on the status of the employee’s disability (projected date of regular duty or if permanent restrictions are expected).
- Follow-up with the Workers’ Compensation Analyst on a continuous basis regarding the status of the employee’s disability.
- On the 90<sup>th</sup> calendar day, contact the assigned Workers’ Compensation Analyst to obtain the prognosis of the employee’s disability.
- Evaluate the case to determine whether or not the light duty assignment should be extended. Assessment is based on the available information obtained from the assigned Workers’ Compensation Analyst.
- If it appears that the work restrictions are likely to become permanent, engage in the interactive process to assess for a permanent accommodation.
- If it appears that the work restrictions will not become permanent and the employee will return to full non-restricted duty within the next 60 days, the employee should be retained in the light duty assignment.
- On the 150<sup>th</sup> calendar day, contact the assigned Workers’ Compensation Analyst to obtain the prognosis of the employee’s disability.
- Based on the available information obtained from the assigned Workers’ Compensation Analyst, determine whether or not the light duty assignment should be extended or assessed for a permanent accommodation.
- Employee should continue in the LD assignment pending the Department’s assessment for a permanent accommodation.

- d. For work-related injuries/illnesses, ensure that an employee is not returned to their regular duties until written documentation is received from the examining Workers' Compensation physician or personal doctor.
- e. Contact the Workers' Compensation Analyst (work-related injuries\_or illnesses) to confirm the employee's release to duty.
- f. For non-work related injuries/illnesses, ensure that the employing division referred the employee to the Medical Services Division for release to return to work.
- g. If the Bureau/Office RTW Coordinator is unable to place the employee in the Bureau, contact the Department RTW Coordinator in OMES to request placement in another Bureau/Office. Only employees who are expected to be on light duty two weeks or longer should be referred for placement outside of their own Bureau.
- h. When notified by the Department RTW Coordinator that placement has been made in another Bureau, inform the supervisor of his/her responsibility to ensure that timesheets are submitted in a timely manner to the temporary supervisor.
- i. Notify Payroll to arrange for the employee's paycheck to be distributed to his/her temporary assignment location.
- j. Inform the supervisor of his/her responsibility to obtain documentation of employee's therapy and/or doctor appointments during working hours from the temporary supervisor. Documentation must be submitted with the employee's timesheet.

5. Department RTW Coordinator's Responsibilities for employees returning with temporary restrictions:

- When notified by a Bureau/Office RTW Coordinator that they are unable to accommodate an employee within their Bureau/Office, obtain and review information documenting their accommodation efforts.
- If determined that the Bureau/Office RTW Coordinator has made a good faith effort to accommodate the employee's restrictions and was unable to, contact other Bureau/Office RTW Coordinators to request placement.

- Inform the employing Bureau/Office RTW Coordinator when placement has been made.
- Follow up with the temporary Bureau/Office RTW Coordinator on a continuous basis regarding the status of the light duty assignment.
- Prepare the Return to Work – Light Duty Assignment and Notice of Light Duty Assignment forms and ensure they are signed and distributed to the employee and temporary supervisor.
- For work-related injuries and illnesses, if placement within the Department of Public Works cannot be made, notify the Workers' Compensation Analyst. The Workers' Compensation Analyst will refer the request to the Personnel Department's Modified Duty Coordinator for placement in another City Department.
- For non work-related injuries and illnesses, if placement within the Department of Public Works cannot be made, notify the employee of all leave of absence options available.
- For work-related injuries and illnesses, act as liaison to the Bureau/Office and Workers' Compensation Division in an effort to resolve matters on work restrictions as they apply to the Return to Work Program.

**SECTION II:**

**PERMANENT WORK RESTRICTIONS**  
**WORK-RELATED OR NON-WORK-RELATED**

This section applies to employees with permanent work restrictions due to both a valid, physical or mental, work-related injury or illness or a non-work-related injury or illness. The single most important factor related to the placement of employees with permanent work restrictions is continuous, professional dialogue between the RTW Coordinator and the employee regarding the placement effort. Placement efforts require that evaluations be made on a case-by-case basis with attention to the unique features of each case. The following procedure provides for conducting a proper systematic evaluation for each employee. Employees with permanent restrictions are not required to interview for positions in other Bureaus.

A. Who is Eligible:

- An employee who has received a regular, exempt or emergency appointment.
- Employees on probation (Bureaus will need to work closely with OMES to properly evaluate probationary employees who have permanent restrictions).

B. Who is Not Eligible:

- Employees with **temporary** restrictions;
- Hiring Hall, Court Referred volunteers, and community service worker not on payroll. (Bureau will need to work closely with OMES to properly evaluate Hiring Hall workers who have permanent restrictions).

C. Notification of Permanent Work Restrictions

1. Work-Related: When an employee's injury on the job has resulted in permanent work restrictions, the Personnel Department, Workers' Compensation Division will notify the Department RTW Coordinator in writing. The Department RTW Coordinator will review the restrictions to ensure that the restrictions are clear and specific. If the restrictions are unclear, the Department RTW Coordinator will request clarification of the restrictions from the assigned Workers' Compensation Analyst. The Department RTW Coordinator will forward to the employing Bureau/Office RTW Coordinator a copy of the Reasonable Accommodation Assessment form (Attachment H) and RH 129/130 (Request for Accommodation Assessment) form which includes the employee's work restrictions. The Bureau/Office RTW Coordinator will notify the supervisor that a reasonable accommodation assessment form has been received.
2. Non-Work-Related: When the employing Bureau/Office is notified in writing by an employee's medical provider/personal doctor that they have permanent work restrictions, due to an off-the-job injury, the employing Bureau should refer the employee to the Medical Services Division for an evaluation and determination of the work status.
3. A status report must be completed by the Bureau/Office RTW Coordinator and submitted to the Department RTW Coordinator for each employee or applicant with permanent restrictions (work-related or non-work-related) who has requested an accommodation. A status report regarding the Bureau's efforts to accommodate an employee's work restriction must be completed for each employee or applicant until the case has been resolved. The Department RTW Coordinator in OMES will forward the reports to the Personnel Department on a monthly basis.
4. A vacancy report must be submitted by the Bureau to the Department RTW Coordinator on a monthly basis. The vacancy report will assist the Department's RTW Coordinator in the department's placement efforts and ensure that the department has conducted a thorough assessment.

D. Procedure

1. Supervisor/Manager Responsibility for employees returning with permanent work restrictions:

- Notify your Bureau/Office RTW Coordinator. If the employee is currently working, contact your Bureau/Office RTW Coordinator or Department RTW Coordinator for guidance. **Do not send the employee home.**
- Prepare a position description of the employee's job with the assistance of your Bureau's personnel section.

2. Bureau/Office RTW Coordinator's Responsibilities for employees returning with permanent work restrictions:

- Promptly mail (certified) the employee the interactive dialogue letter and questionnaire (Attachment E) to complete. Ensure that the questionnaire is returned within ten calendar days from the date of the letter.
- If the questionnaire is not returned within 10 calendar days, send a follow-up letter (Attachment F) regarding the interactive dialogue.
- If the employee fails to respond to the Department's attempts to engage in the interactive dialogue process within five calendar days of receipt of the letter, send the employee the discontinuation of the interactive dialogue letter (Attachment G).
- Upon receipt of the questionnaire, promptly engage the employee (and representative, if applicable) and the employee's supervisor/manager in the "interactive dialogue" process to determine if the employee can be accommodated.

Note: While conducting a Bureau search to place the employee, the employee may be placed on a Leave of Absence (if not currently working). If the employee is currently working, **do not send the employee home**. If the employee is performing his regular duties or in a light duty assignment, ensure that the employee's duties are consistent with the new work restrictions. If the new work restrictions are inconsistent with the employee's regular duties, place the employee in a light duty assignment. **The employee should continue in the light duty assignment pending the Department's assessment process.** The interactive process should indicate whether the Bureau can continue to accommodate the employee in his/her usual and customary duties or light duty assignment while searching.

- The employing Bureau/Office shall first make an effort to accommodate the employee within the Bureau/Office by utilizing one of the following placement methods. Note: See Attachment H, page 6 for list :Consideration of Reasonable Accommodation:
  - a. Restructure present job while maintaining the essential functions.
  - b. Modify the employee's work schedule.
  - c. Flexible leave policy.
  - d. Reassign to vacant position in the Bureau/Office which is consistent with restrictions and which employee is qualified to perform. \*Efforts should first be made to accommodate the employee in his/her current position.
  - e. Place employee in a different class by:
    - Reverting to a classification previously held under regular appointment.
    - Transferring under Charter Section 1014 to another job in a different classification consistent with restrictions and qualifications. A tentative Charter Section 1014 transfer is a viable option for placement of employees with permanent restrictions. A change of class status may not result in a promotion. The employee must agree to the reassignment, meet the minimum requirements of the job bulletin, and be capable of performing the required duties of the position with or without reasonable accommodation. A Charter Section 1014 transfer must be approved in advance by the Personnel Department. A completed application for the new class, position description signed by the employee's Bureau/Department Head, a copy of the Assessment form and justification for the 1014 must be submitted with the 1014 transfer request. If the employee is unsuccessful in performing the duties of the class, he/she is returned to his/her previous class and placed on a Leave of Absence. Reassess the accommodation and continue placement efforts.
    - Hiring as a Transitional Worker in lieu of a regular position or an activated substitute authority. Transitional Worker applies to an employee whose on-the-job injury or off-the-job injury (employee has completed probation) has resulted in permanent work restrictions. A Charter Section 1014 transfer may be approved to the class of Transitional Worker. If the target class is higher, this transfer will enable the individual to train in a new position until he/she meets the examination requirements, takes and passes the examination, and is appointed to that position. If the target

class is at the level or lower level than the employee's class, the employee can receive experience and when qualified, 1014 transfer to the targeted class. While a Transitional Worker, the employee receives the salary he/she was making prior to the transfer.

The temporary training period for a Transitional Worker is three years with a maximum extension of an additional two years (in six months increments), which is subject to approval of the General Manager, Personnel Department. If the employee is unsuccessful in receiving an appointment to a position in another class from the class of Transitional Worker within five years, he/she is returned to his/her previous class and is placed on a Leave of Absence.

**Note:** Employees cannot be made to accept an accommodation not wanted.

- Document your efforts to place the employee on the Reasonable Accommodation Assessment Form (Attachment H). The Reasonable Accommodation Assessment Form and RH 129/130 form must be forwarded to the Department RTW Coordinator in OMES within fifteen days (work-related and non-work related). The Bureau/Office RTW Coordinator shall also document these efforts through regular correspondence to the employee (and representative, if applicable).
- If the employee can be accommodated within his/her Bureau/Office, the Bureau/Office RTW Coordinator shall advise the Department RTW Coordinator in OMES.
- When the employing Bureau/Office determines that the employee's work restriction(s) cannot be accommodated or would preclude the employee from the essential duties of his/her present job, the employing Bureau/Office RTW Coordinator shall:
  1. Notify the employee in writing that his/her work restrictions cannot be reasonably accommodated and that they have been referred to the Department's RTW Coordinator for a Department-wide search. Refer a copy of the letter to the Department Return to Work Coordinator.
  2. Notify the Department RTW Coordinator in OMES who will then advise the Workers' Compensation Division (if work-related).
  3. Request the employee to fill out a Departmental Application form (Attachment I).



4. Complete a Request for Placement of Medically Restricted Employee form (Attachment J), if the employee cannot be retained in the Bureau/Office. The completed form should include the following documentation: identification of vacant Bureau/Office positions considered, the efforts made to place the employee and a thorough justification of why the employee cannot be placed. For example, list the essential duties that violate work restrictions or vice versa.
  5. The employing Bureau/Office RTW Coordinator forwards the Reasonable Accommodation Assessment Form, the Special Placement Application form, and any pertinent documentation to the Department RTW Coordinator in OMES for review.
  6. While the department-wide search is active, the employing Bureau/Office RTW Coordinator shall continue and thoroughly document internal efforts to accommodate the employee 's restrictions as new vacant positions become available.
  7. Consult with the Department's RTW Coordinator for technical assistance throughout the process to inform her of your efforts, and for assistance in placing any employee that cannot be accommodated within the Bureau/Office.
3. Department RTW Coordinator's Responsibilities for employees returning with permanent restrictions:
- Conduct an internal Department search and prepare a Placement of Medically Restricted Employee memorandum (Attachment K). Copies of the application package will be sent to each Bureau/Office RTW Coordinator for review.
  - The Department RTW Coordinator shall document these efforts through regular correspondence to the employee (and representative, if applicable), including documentation of the "interactive dialogue" process.
  - If the employee can be accommodated, coordinate with the prospective employing Bureau/Office RTW Coordinator to contact the employee for assignment. The employing Bureau/Office RTW Coordinator may discuss the duties of the position with the employee. However, the employee is not required to interview for the position. The employing Bureau/Office RTW Coordinator will then complete the Response to Request for Placement of Medically Restricted Employee form (Attachment L) and return the form to OMES by the date indicated on the placement memorandum (Attachment K).

- If the employee can be accommodated in a different class by a 1014 transfer or reversion, a Request for Transfer, Voluntary Reversion or Class Change under Charter Section 1014 (Form 16-B) must be completed and forwarded to OMES for review and approval and to the Personnel Department for final approval. A completed application for the new class, new position description signed by the employee's Department Head, copy of the Reasonable Accommodation Assessment form and memorandum justifying the 1014 transfer must be submitted with Form 16-B.
- Prior to placing the employee in the job, the Department RTW Coordinator in OMES will advise the employing Bureau/Office RTW Coordinator and the employee regarding the employee's work restriction(s) to ensure that the employee does not exceed his/her restrictions(s). Notify the Workers' Compensation Analyst in writing of placement (if work-related).
- For work-related injuries/illnesses, if a medically restricted employee cannot be placed within the Department, after considering all current placement possibilities, notify the employee in writing (Attachment M) that his/her work restrictions cannot be reasonably accommodated and that they have been referred to the Workers' Compensation Analyst for referral to the City-wide Placement Officer for a City-wide search. Refer a copy of the letter to the Citywide Placement Officer.
- For non-work-related injuries/illnesses, if a medically restricted employee cannot be placed within the Department, after considering all current placement possibilities, request placement assistance for a City-wide search from the Personnel Department, Equal Employment Opportunity Section. The Department RTW Coordinator in OMES will also prepare a memorandum to the City-wide Placement Officer, Personnel Department documenting the Department's efforts to place the employee, including documentation of the "interactive dialogue" process.
- If the employee is working, consult with the Personnel Department's EEO Section, Workers Compensation Section and the City Attorney's Office prior to making a final decision regarding the issue of placing the employee off work.
- While the City-wide search is active, the Department RTW Coordinator shall continue the department's efforts to accommodate the employee, as new vacant positions become available.
- Represent the Department and work closely with the City Attorney's Office on disability related litigation.

References: California Disability Law (Assembly Bill 2222)&City-wide Temporary Modified Duty Program.

CITY OF LOS ANGELES INJURY STATUS REPORT: Obtain Instructions+Original from the web at [http://per.ci.la.ca.us/WorkCmp/Injury\\_Status\\_Report.pdf](http://per.ci.la.ca.us/WorkCmp/Injury_Status_Report.pdf)

**THIS FORM MUST BE USED TO REPORT INJURY STATUS FOR EMPLOYEES OF THE CITY OF LOS ANGELES**

**To the physician:** The City of Los Angeles requires that temporarily disabled employees provided clear and specific work restrictions. As a large and diverse employer, the City may be able to temporarily accommodate the employee's restrictions in their current job or performing duties outside their regular assignments. The employee may be unaware of available accommodations. The restrictions you provide will enable the City to properly accommodate the employee and protect the employee from further injury.

PATIENT NAME: \_\_\_\_\_ INJURY DATE: \_\_\_\_\_  
CLAIM# \_\_\_\_\_

BASED ON MY EVALUATION, THE PATIENNT'S STATUS IS (Check one box):

RETURN TO FULL UNRESTRICTED DUTY

ON: \_\_\_\_\_

TEMPORARILY PARTIALLY DISABLED

from \_\_\_\_\_ thru \_\_\_\_\_

Specific restrictions below

Date of Next Appointment: \_\_\_\_\_ Estimated return to Full Duty: \_\_\_\_\_

TEMPORARY TOTALLY DISABLED

from \_\_\_\_\_ thru \_\_\_\_\_

Specific Restrictions Below

Date of Next Appointment: \_\_\_\_\_ Estimated Return to Full

Duty \_\_\_\_\_ **RESTRICTIONS:** Patient is limited to performing the following activities (indicated hours or pounds allowed per day and additional information necessary to provide clear restrictions).

<b>Sitting</b> _____ hrs. allowed _____	<b>Pulling/Pushing</b> _____ lbs. allowed _____
<b>Standing</b> _____ hrs. allowed _____	<b>Bending/Stooping</b> _____ hrs. allowed _____
<b>Walking</b> _____ hrs. allowed _____	<b>Reaching above</b> _____ (indicate body part)
<b>Bending</b> _____ hrs. allowed _____	<b>Reaching below</b> _____ (indicate body part)
<b>Squatting</b> _____ hrs. allowed _____	<b>Repetitive Motion</b> _____ hrs. allowed _____
<b>Climbing</b> _____ hrs. allowed _____	<b>Body Part(s)</b> _____
<b>Kneeling</b> _____ hrs. allowed _____	<b>Activity</b> _____
<b>Crawling</b> _____ hrs. allowed _____	<b>Driving</b> _____ hrs. allowed _____
<b>Twisting</b> _____ hrs. allowed _____	<b>Working</b> _____ hrs. allowed _____
<b>Lifting</b> _____ hrs. allowed _____	
<b>Carrying</b> _____ hrs. allowed _____	

Psychological (explain specific restrictions below)

Other Restrictions or Additional Information:

**YOU MAY BE CONTACTED BY CITY MEDICAL STAFF TO VERIFY INJURY STATUS**

***I declare under penalty of perjury that this report is true and correct to the best of my knowledge.***

Examining Physician (Print  
Name): \_\_\_\_\_ Telephone: \_\_\_\_\_  
Examining Physician (Sign Name): \_\_\_\_\_  
Date: \_\_\_\_\_

**CITY OF LOS ANGELES  
CALIFORNIA**



ANTONIO R. VILLARAIGOSA  
MAYOR

**INJURY STATUS REPORT**

**INSTRUCTIONS**

**EMPLOYEE RESPONSIBILITIES:**

1. Provide this Injury Status Report form to your treating doctor (physician) each time you are being treated for a job-related injury.
2. Obtained specific work restrictions from your physician.
3. Provide this completed form to your supervisor immediately after the physician places you off duty, evaluated you, and determines that you may return to work.
4. Comply with the physician's restrictions or prescribed treatment (i.e., physical therapy) and avoid activities that may re-aggravate your injury.

**PHYSICIAN'S RESPONSIBILITY:**

1. Complete this form for all City of Los Angeles employees who are treated for industrial or non- industrial injuries and give it to the employee each time you evaluate, place off duty, impose temporary work restrictions, or return the employee to full duty.
2. Please be clear and specific when documenting restrictions. As a large and diverse employer, the City may be able to temporarily accommodate the employee's restrictions in their current job or in a temporary assignment performing activities outside the normally assigned duties. The employee may be unaware of available accommodations. The restrictions you provide will enable the City to properly accommodate the employee and protect the employee from further injury.

**CITY OF LOS ANGELES  
DUTY CERTIFICATE**

Personnel Department  
700 E. Temple Street, Room 210  
Los Angeles, CA 90012  
(213)847-9405 – Civilian Employees  
(800) 977-0285 – Police Officers  
(800)267-0325 – Firefighters

DATE		
EMPLOYEE NAME(LAST,FIRST,MIDDLE)		DEPARTMENT/BUREAU
CLASSIFICATION		SOCIAL SECURITY NUMBER
P.D. –RANK DIV.) (F.D –RANK, ASSMT,PLT.)	DATE OF INJURY OR ILLNESS	WORKERS' COMPENSATION CASE NUMBER

**SECTION B**

<input type="checkbox"/> <b>CERTIFIED OFF DUTY</b>	DATE	EST.DATE OF RETURN TO DUTY		<input type="checkbox"/> <b>IOD</b>
				<input type="checkbox"/> <b>NIOD</b>
<input type="checkbox"/> <b>CONTINUED ON DUTY</b>	REGULAR		RESTRICTED – (EXPECTED DURATION)	
<input type="checkbox"/> <b>RETURN – REGULAR DUTY</b>	DATE	F.D. – TIME RTD	OHSD REL.DATE	DAYS OFF THIS ABSENCE
				TOTAL OFF TO DATE
<input type="checkbox"/> <b>RETURN –RESTRICTED DUTY</b>	DATE		EST.DATE OF RETURN TO REG. DUTY	
LIST RESTRICTIONS/CONTINUED TREATMENT				
WORKERS' COMPENSATION ANALYST			PHONE	

**SECTION C**

**COMPLETED BY WORKERS' COMPENSATION ANALYST**

NOTICE TO INJURED EMPLOYEES PAYROLL SECTION STOP IOD PAYMENTS EFFECTIVE: _____	
<input type="checkbox"/> STATE RATE TEMPORARILY DISABILITY <input type="checkbox"/> PERMANENT DISABILITY <input type="checkbox"/> OTHER REMARKS _____	
<b>DWC LETTER DATE:</b> _____ TYPE: <input type="checkbox"/> BEGIN SALARY CONTINUATION <input type="checkbox"/> END SALARY CONTINUATION <b>DIARY DATE</b> _____ <b>REASON</b> _____ <b>REMARKS</b> _____	

**SECTION D**

**FOR POLICE DEPARTMENT USE ONLY**

SERIAL NUMBER	FIRST DAY OFF DUTY	DATE RETURNED TO DUTY	NUMBER OF DAYS OFF DUTY		
			TOTAL	I IOD	I SICK I REG-HOL
REMARKS			COMMANDING OFFICER'S SIGNATURE		

**SECTION E**

**FOR FIRE DEPARTMENT USE ONLY**

RETURN TO DUTY: <input type="checkbox"/> OCCUPATIONAL HEALTH & SAFETY DIV. <input type="checkbox"/> WORKERS' COMPENSATION DOCTOR <input type="checkbox"/> PRIVATE MEDICAL DOCTOR	TYPE OF LEAVE: <input type="checkbox"/> CIVIL SERVICE LEAVE <input type="checkbox"/> SPECIAL LEAVE <input type="checkbox"/> MILITARY LEAVE <input type="checkbox"/> FAMILY DEATH OR ILLNESS <input type="checkbox"/> DISCIPLINARY LEAVE <input type="checkbox"/> BEREVEMENT LEAVE	COMMANDING OFFICER'S SIGNATURE
---	--	-----------------------------------

**City of Los Angeles  
RETURN TO WORK - LIGHT DUTY ASSIGNMENT**

INJURED EMPLOYEE: \_\_\_\_\_ SSN#: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_ DOI: \_\_\_\_\_

WC CASE # (if applicable): \_\_\_\_\_ DEPT: \_\_\_\_\_

WC ANALYST (if applicable): \_\_\_\_\_ PHONE NO: \_\_\_\_\_

REGULAR SUPV: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

WORK RESTRICTIONS (Check All That Apply)

- |   |  |
|---|--|
| <input type="checkbox"/> no lifting/pushing/pulling over:     | <input type="checkbox"/> limited use of arms/hands |
| <input type="checkbox"/> pounds                               | <input type="checkbox"/> limited sweeping/raking   |
| <input type="checkbox"/> no working around hazardous machines | <input type="checkbox"/> limited standing          |
| <input type="checkbox"/> no climbing                          | <input type="checkbox"/> limited walking           |
| <input type="checkbox"/> no driving on the job                | <input type="checkbox"/> limited hearing           |
| <input type="checkbox"/> other _____                          | <input type="checkbox"/> limited vision            |
| _____   |  |
| _____   |  |

RETURN TO WORK – LIGHT DUTY ASSIGNMENT  
(Temporary Supervisor’s Responsibilities Attached)

LIGHT DUTY SUPV: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

LIGHT DUTY DEPT/BUREAU/OFFICE: \_\_\_\_\_

DATE LIGHT DUTY BEGAN: \_\_\_\_\_ DATE NEXT DR APPT: \_\_\_\_\_

DATE NOT TO EXCEED (90 calendar-day limit\*): \_\_\_\_\_

Light Duty Assignment: \_\_\_\_\_

\* Calendar days includes Saturday, Sunday, Vacations, Holidays and Regular Days Off

To be filled out by the Injured Employee’s Bureau/Office/Dept. RTW Coordinator and provided to the temporary supervisor.

**City of Los Angeles****RETURN TO WORK - LIGHT DUTY ASSIGNMENT**  
**TEMPORARY SUPERVISOR'S RESPONSIBILITIES**

The modified/light duty program is designed for employees who have been injured on or off the job. The City's designated Workers' Compensation doctor or their own physician has evaluated the employee and determined that they are eligible for restricted duty for a limited period of time not to exceed 90 calendar days.

**RESPONSIBILITIES OF THE LIGHT DUTY TEMPORARY SUPERVISOR:**

- Ensure that the employee does not perform any duties which exceed the physical limitations as determined by the City's Workers' Compensation physician or personal doctor.
- Ensure that the employee submits a doctor's statement (from the City's Workers' Compensation physician or their personal doctor) no later than the working day following each appointment. The physician's statement must clearly indicate the following:
  - Name, address, and telephone number of facility.
  - Printed name and signature of physician or person who completed the physician's statement.
  - Date of the injury.
  - The date the employee was seen by the doctor.
  - Status of employee (one of the below listed conditions):
    - Temporary partially disabled – restricted (light) duty with stated restrictions until a specific date.
    - Temporarily totally disabled until a specific date.
    - Discharged – returned to full duty on a specific date.
    - Permanently disabled with stated restrictions as of a specific date.
    - Date of next doctor's appointment (not applicable if discharged or permanently disabled).
    - Maintain timekeeping reflective of the employee's status as indicated on the physician's statement and only for the dates specified.
    - Send copies of all medical documents to the injured employee's regularly assigned supervisor.
    - Notify your Bureau/Office Return to Work Coordinator when the employee has been on light duty for 90 calendar days.
    - Send your Bureau/Office Return to Work Coordinator a copy of the physician's statement which terminates the employee's light duty status.
- If the employee's physician terminates the employee's light duty status prior to the end of the 90 calendar-day limit, notify the employee's regular supervisor by sending a copy of the physician's certification. The employee should be returned to their regular assignment.



NOTICE OF LIGHT DUTY ASSIGNMENT

Date:

Name of employee  
Address  
City, State ZIP

Dear:

Dr. \_\_\_\_\_ has released you for modified work. We have identified a temporary assignment for you within your work restrictions: \_\_\_\_\_ (list restrictions).

You will be guaranteed your pre-injury base rate while you participate in the return to work program.

We ask that you report to work on:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Hours per day/week: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

Length of job (not to exceed 90 calendar days): \_\_\_\_\_

Report to: \_\_\_\_\_ Phone No: \_\_\_\_\_

Location: \_\_\_\_\_

***Failure to report to work could affect temporary disability compensation (if job related injury) and result in disciplinary action.***

We are looking forward to seeing you and wish you a speedy recovery.

Sincerely,

Name  
Bureau/Office of \_\_\_\_\_, Return to Work Coordinator  
Telephone Number

**I have read and understand the above information and accept this assignment as offered. ( ) yes ( ) no**

**Employee's Signature \_\_\_\_\_**

DATE

**RE: Initiation of Interactive Dialogue**

Dear :

The Department of Public Works received information that you have a permanent injury or disability which might need accommodation. The Department of Public Works values all of its employees and wishes to assist you with returning to work.

The Department of Public Works has a duty to discuss reasonable accommodation with an employee who has a disability or medical condition that affects the performance of his or her essential job functions as defined by Government Code Section 12940 *et seq.* This discussion is known as the “interactive process”. This interactive process requires open communication between employer and employee, and each party neither should delay nor stop the process. We therefore must work together to attempt to accommodate your current injury or disability.

The Department of Public Works enclosed a three-page questionnaire entitled “***Interactive Process Questionnaire***” with this cover letter. This form allows the Department of Public Works to understand your medical restrictions and return you to work in conformity with those restrictions. **Please complete and return the questionnaire no later than ten (10) days from the date of this letter.**

After your questionnaire has been received, the Department of Public Works will schedule a Department of Public Works meeting or telephone conference to continue the interactive dialogue. If you have any questions, please contact me at (213)978-1820. Thank you for your time and cooperation.

Sincerely,

**CITY OF LOS ANGELES'  
INTERACTIVE PROCESS QUESTIONNAIRE  
for  
(Date)**

**A. INJURY/DISABILITY INFORMATION**

1. **Your job classification has been identified as .**

Is this information correct?             **YES**             **NO**

If you answered "no," please write your job classification below:

---

2. **Your medical restrictions have been identified by  Workers Compensation**

**OHSD**  **Primary Treating Physician as follows:**

Is this information correct?             **YES**             **NO**

If you answered "no," please write your present medical restrictions:

---

---

**B. JOB PERFORMANCE**

1. **Since your disability, what job duties are difficult or impossible to perform?**

---

---

---

2. **Would you be able to perform your job with a reasonable accommodation?**

**YES**

**NO**

If you answered "yes," please provide suggestions for accommodation:

---

---

---

Paragraph A.2 is not a request for a medical diagnosis or a discussion about your medical condition. You are being asked about specific medical restrictions and/ or limitations. For example, no bending, no lifting over a certain amount of pounds, etc.

CITY OF LOS ANGELES'  
INTERACTIVE PROCESS QUESTIONNAIRE  
(DATE)

**C. REASONABLE ACCOMMODATIONS**

1. **Would a leave of absence (paid or unpaid) accommodate your disability?**  
[ ] **YES**  
[ ] **NO**

2. **Would changes to your job duties help you to perform your job?**  
[ ] **YES**  
[ ] **NO**

If you answered "yes," please describe the changes that you recommend:

---

---

---

3. **Would a change in your work schedule help you to perform your job?**  
[ ] **YES**  
[ ] **NO**

If you answered "yes," please write the work hours you desire and explain how this new work schedule will help you to perform your job duties.

---

---

**D. ALTERNATIVE ACCOMMODATIONS**

1. **Would you consider reassignment to another job classification?**  
[ ] **YES**  
[ ] **NO**

If you answered "yes," what positions do you have an interest?

---

---

Have you worked or been trained in any of these positions? [ ] **Yes**  
[ ] **No**

If you answered "yes" to both of the above questions, please indicate your work experience and

training: \_\_\_\_\_

2. **Have you previously worked in a different job classification?**

**YES**

**NO**

If you answered "yes," would you consider a reversion?  **Yes**

**No**

If you answered "yes" to both of the above questions, please identify the classifications that you would accept a reversion: \_\_\_\_\_  
\_\_\_\_\_

3. **Would you consider a lower wage position for reasonable accommodation?**

**YES**

**NO**

If you answered "no," do you want the City of Los Angeles to keep you informed about vacancies in lower wage positions?  **Yes**

**No**

**E. EQUIPMENT/DEVICES AND PERSONAL SERVICES**

1. **Would the use of any equipment or device help you to perform your job?**

**YES**

**NO**

If you answered "yes," please describe the equipment or device:  
\_\_\_\_\_  
\_\_\_\_\_

2. **Would any personal services (i.e., sign language interpreters) help you to perform your job?**

**YES**

**NO**

If you answered "yes," please describe the personal services:  
\_\_\_\_\_  
\_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Signature of Employee)

Dated: \_\_\_\_\_

Attachment F

DATE

**RE: Follow up to Interactive Dialogue**

Dear:

On ....., the Department of Public Works sent you a form entitled ***Interactive Process Questionnaire***. You were requested to return this form within ten (10) days from the date of the cover letter and questionnaire. As of today, the Department of Public Works has not received your completed questionnaire.

The Interactive Process Questionnaire is the Department of Public Works' good-faith attempt to engage in an interactive dialogue with you. It is important that you complete the questionnaire to assist us with assessing your medical work restrictions and determining, whether your medical condition or disability can be reasonably accommodated. Your participation is needed to achieve this goal.

Within five (5) days of your receipt of this letter or before, please complete and deliver your Interactive Process Questionnaire by mail or in person to the Department of Public Works. If you require another copy, contact me immediately at the above telephone number.

Your failure to respond to this communication will be viewed by the Department of Public Works as a refusal to cooperate in the interactive process. The Department of Public Works is unable to complete the interactive process without your cooperation and interaction, which includes completing the Interactive Process Questionnaire and returning it within the time requested above.

Please do not hesitate to call if you have any questions or concerns. Otherwise, I will await your completed questionnaire.

Sincerely,

Date

**RE: Discontinuation of the Interactive Dialogue**

Dear:

The Department Public Works made two former attempts to engage in an interactive dialogue with you on \_\_\_\_\_. We Have Not Received Your Completed Interactive Process Questionnaire or any other written correspondence from you. Nor has this office received any telephone or in-person communications from you.

For the above reasons, the space Department Public Works is discontinuing the interactive process. If you later wish to re-engage in an interactive dialogue with the Department of Public Works, please contact me at (213) 978-1820 or submit your completed questionnaire to re-initiate the process. The channels of communication remain open.

Sincerely,

<b>REASONABLE ACCOMMODATION ASSESSMENT FORM</b>		
Department:	Contact:	Telephone:
Job Applicant/Employee Name:		
Job Title:	Job Location:	
Work Restriction(s):		
<p>Is this assessment necessary due to a Workers' Compensation claim?            Check one: Yes <input type="checkbox"/> No <input type="checkbox"/>            If yes, provide Workers' Compensation claim number: _____</p>		
<b>ESSENTIAL FUNCTIONS OF THE JOB</b>		
Describe the essential functions of the job (attach job description/class specification):		
Describe how the work limitation(s) present a conflict with one or more of the essential job functions?		
How many other employees are available to perform the essential function(s) in question or among whom the essential function(s) can be distributed considering the demands of business operations?		
Are special skills required to perform the essential function(s) in question? Describe:		



PHYSICAL DEMANDS OF THE JOB					
Physical Activity	Not Present	Occasional	Frequent	Constant	Hours Per Day
Writing					
Typing					
Sitting					
Standing					
Walking					
Climbing					
Bending/Stooping					
Kneeling/Squatting					
Crawling					
Twisting					
Lifting: 1 to 10 lbs.					
11 to 25 lbs.					
26 to 50 lbs.					
51 to 75 lbs.					
76 to 100 lbs.					
Over 100 lbs.					
Carrying: 1 to 10 lbs.					
11 to 25 lbs.					
26 to 50 lbs.					
51 to 75 lbs.					
76 to 100 lbs.					
Over 100 lbs.					
Push/Pull: 1 to 10 lbs.					
11 to 25 lbs.					
26 to 50 lbs.					
51 to 75 lbs.					
76 to 100 lbs.					
Over 100 lbs.					
Reaching above shoulder level					
Reaching at or below shoulder level					
Other					

HAND MANIPULATION					
Hand	Not Present	Occasional	Frequent	Constant	Hours Per Day
Gross Manipulation					
Right Hand					
Left Hand					
Simple Grasping					
Right Hand					
Left Hand					
Power Grasping					
Right Hand					
Left Hand					
Fine Grasping					
Right Hand					
Left Hand					
Hand Twisting					
Right Hand					
Left Hand					
MENTAL DEMANDS OF THE JOB					
Mental Activity	Not Present	Occasional	Frequent	Constant	Hours Per Day
Interacting with people beyond giving and receiving instructions.					
Completing multiple tasks with various deadlines.					
Organizing, directing, planning or coordinating activities.					
Interpreting and comprehending complex documents.					
Making decisions based on measurable and verifiable data.					
Performing precision work according to set standards/procedures.					
Performing under stress in emergency, critical or dangerous situations.					
Other.					

<b>WORKING/ENVIRONMENTAL CONDITIONS</b>			
<b>Conditions</b>	<b>Yes</b>	<b>No</b>	<b>Description</b>
Driving cars, trucks, forklifts or other moving equipment.			
Walking on uneven surfaces.			
Work near hazardous equipment and machinery.			
Exposure to dust, gas or fumes.			
Exposure to hazardous waste or chemicals.			
Exposure to extremes or variations in temperature.			
Work at heights.			
Work in confined spaces.			
Exposure to loud noise.			
Work requiring the ability to localize sounds.			
Work requiring the ability to visually distinguish colors.			
Work subject to physical altercations with suspects.			
Other.			

<b>REASONABLE ACCOMODATION ASSESSMENT</b>		
Description	Yes	No
<p>Did the job applicant/employee request an accommodation because of some limitation(s) caused by a disability?</p> <p><b>Comments:</b></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Was the job applicant/employee consulted for suggestions on how to effectively accommodate his or her limitation(s)?</p> <p><b>Comments:</b></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Have other job applicants/employees with similar limitations been accommodated in the same type of job in question?</p> <p><b>Comments:</b></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p><b>Other:</b></p>		

CONSIDERATION OF REASONABLE ACCOMMODATION			
	Reasonable	Undue Hardship	Not Applicable
Work-site modification to allow accessibility.			
Job restructuring.			
Modified work schedule.			
Flexible leave policy.			
Reassignment to vacant position in current class.			
Charter Section 1014 Transfer to another class.			
Reversion to a former class.			
Modification of existing equipment or devices.			
Acquisition of assistive equipment or devices.			
Assignment of a personal assistant.			
Adjustment or modification of examination.			
Adjustment or modification training.			
Qualified reader or interpreter.			
Assistive equipment or devices owned by job applicant/employee.			
Accommodation(s) requested by job applicant/employee:			
Other accommodations considered:			
Explain each undue hardship which has been checked.			

<b>FINAL EVALUATION</b>	
<b>Check One</b>	
Work limitation(s) of job applicant/employee can be reasonably accommodated.	<input type="checkbox"/>
Work limitation(s) of job applicant/employee cannot be reasonably accommodated.	<input type="checkbox"/>
Job applicant/employee can perform the essential functions without accommodation.	<input type="checkbox"/>
Provide justification if job applicant/employee cannot be reasonably accommodated:	
Provide justification job applicant/employee can perform the essential functions without an accommodation:	
Comments:	
Signature(s) of approval:	Date:
I have been included in discussions regarding a reasonable accommodation.	
_____ Applicant/Employee Signature	_____ Date
Rev. 12/01	

**ATTACHMENT I**

**DEPARTMENTAL  
APPLICATION FOR  
EMPLOYMENT**

**CITY OF LOS ANGELES  
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER**

Page 1

1.CITY JOB TITLE		2.DEPARTMENT		3.CLASS CODE	
4.LAST NAME		FIRST		MI	
5.MAILING ADDRESS: NUMBER	STREET		APARTMENT	5a HOME PHONE – Area Code & Number	
CITY	STATE		ZIP CODE	6. WORK PHONE –Area Code & Number	
7.DRIVERS LICENSE NUMBER		STATE		EXPERATION DATE (MM/DD/YYYY)	
8.YOU WILL BE REQUIRED TO SUBMIT VERIFICATION OF THE LEGAL RIGHT TO WORK IN THE UNITED STATES WITHIN THREE (30 BUSINESS DAYS BEGINNING WITH YOUR FIRST DAY OF WORK. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, WE ARE LEGALLY PROHIBITED FROM EMPLOYING ANYONE WHO CANNOT PROVIDE SUCH VERIFICATION.					

HIGH SCHOOL EDUCATION 9a DID YOU GRADUATE FROM HIGH SCHOOL OR PASS THE G.E.D. TEST? <input type="checkbox"/> Yes <input type="checkbox"/> No			9b.IF UNDER 18 YEARS OF AGE, CAN YOU PROVIDE A WORK PERMIT OR A G.E.D. CERTIFICATE AFTER AN EMPLOYMENT OFFER IS MADE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
NAME AND LOCATION OF UNIVERSITIES COLLEGES OR TRADE SCHOOLS ATTENDED	COMPLETION DATE	UNITS COMPLETED SEMESTER QUARTER	MAJOR SUBJECT OR COURSE	UNITS COMPLETED IN MAJOR	TITLE OF DEGREE/CE RTIFICATE RECEIVED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10.SPECIAL COURSES				
COURSE NAME	UNITS COMPLETED		Name of School	Date Completed
	Semester	Quarter		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11.SPECIAL LICENSES REQUIRED FOR THIS JOB			
License	Date Issued	Issuing Agency	Expiration Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

12.SIGNATURE (Original in ink;pencil or photocopy not accepted)	DATE
<input type="text"/>	<input type="text"/>

**DEPARTMENTAL  
APPLICATION FOR  
EMPLOYMENT**

**CITY OF LOS ANGELES  
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER PAGE 2**

13. WORK EXPERIENCE: BEGIN WITH YOUR MOST RECENT JOB – LIST EACH JOB SEPARATELY. List old jobs regardless of duration, including part-time jobs, military service, and any periods of unemployment during the last ten years. Also, list volunteer experience and jobs held more than ten years ago which relate to the job for which you are applying. You must use the correct civil service class title for jobs held within the City.

DATES		EMPLOYERS	DUTIES
MONTH & YEAR FROM		NAMED OF CURRENT OR LAST EMPLOYER	YOUR TITLE
TO		ADDRESS(OR CITY DEPARTMENT)	DUTIES PERFORMED
TTL MOS WORKED	HRS PER WEEK	CITY,STATE,AND ZIP CODE	
MONTHLY SALARY EARNED \$		IMMEDIATE SUPERVISORS NAME	REASON FOR LEAVING/CONTACT PHN #

DATES		EMPLOYERS	DUTIES
MONTH & YEAR FROM		NAMED OF CURRENT OR LAST EMPLOYER	YOUR TITLE
TO		ADDRESS(OR CITY DEPARTMENT)	DUTIES PERFORMED
TTL MOS WORKED	HRS PER WEEK	CITY,STATE,AND ZIP CODE	
MONTHLY SALARY EARNED \$		IMMEDIATE SUPERVISORS NAME	REASON FOR LEAVING/CONTACT PHN #

DATES		EMPLOYERS	DUTIES
MONTH & YEAR FROM		NAMED OF CURRENT OR LAST EMPLOYER	YOUR TITLE
TO		ADDRESS(OR CITY DEPARTMENT)	DUTIES PERFORMED
TTL MOS WORKED	HRS PER WEEK	CITY,STATE,AND ZIP CODE	
MONTHLY SALARY EARNED \$		IMMEDIATE SUPERVISORS NAME	REASON FOR LEAVING/CONTACT PH #

DATES		EMPLOYERS	DUTIES
MONTH & YEAR FROM		NAMED OF CURRENT OR LAST EMPLOYER	YOUR TITLE
TO		ADDRESS(OR CITY DEPARTMENT)	DUTIES PERFORMED
TTL MOS WORKED	HRS PER WEEK	CITY,STATE,AND ZIP CODE	
MONTHLY SALARY EARNED \$		IMMEDIATE SUPERVISORS NAME	REASON FOR LEAVING/CONTACT PHN #



Date:

To: Return to Work Coordinator  
Office of Management-Employee Services

From: Bureau/Office of \_\_\_\_\_

Subject: REQUEST FOR PLACEMENT OF MEDICALLY LIMITED EMPLOYEE  
\_\_\_\_\_  
(Employee's Name/Classification)

I.O.D./Non I.O.D. (Please circle one)

Request your assistance in a Departmental search. The following placement efforts within our Bureau/Office were considered but were unsuccessful:

- \_\_\_\_\_ Restructure of present job
- \_\_\_\_\_ Reassignment to another crew/division
- \_\_\_\_\_ Reversion
- \_\_\_\_\_ Charter Section 1014 transfer
- \_\_\_\_\_ Transitional Worker

Was considered for appointment to the following vacant position(s) in the Bureau/Office but unable to appoint because:

<u>Class</u>	<u>Precluded By Work Restrictions</u>	<u>Does Not Meet Minimum Qualifications</u>	<u>Unable to Perform Essential Duties</u>	<u>No Vacancy</u>
_____				
_____				
_____				

Please state the essential duties for the above position and why the employee cannot be reasonably accommodated. Attach additional sheet if necessary.

Date:

To:

From: Office of Management-Employee Services

Subject: PLACEMENT OF MEDICALLY LIMITED EMPLOYEE

\_\_\_\_\_  
(Employee's Name/Classification/Bureau/Office)

This memorandum is to request your assistance in placing the above employee in a position compatible with his/her medical limitations. He/she was released to return to work with the following permanent restriction(s):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

We are looking for a lateral transfer or a Charter Section 1014 transfer for the employee. Classification(s) to which placement may be feasible include:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

For your convenience, attached is a copy of his/her job application. The employee may be reached at \_\_\_\_\_.

Once you have reviewed your vacant positions and have made a decision, please complete the attached memo, Response to Request for Placement of Medically Limited Employee, and return it to the Office of Management-Employee Services by \_\_\_\_\_.

If you or your staff have questions regarding this request, contact \_\_\_\_\_ at \_\_\_\_\_.

William P. Weeks, Personnel Director  
Office of Management-Employee Services

c: Employee  
Employee File  
Employing Bureau/Office

Attachment

Date:

To: Return to Work Coordinator  
Office of Management-Employee Services

From:

Subject: RESPONSE TO REQUEST FOR PLACEMENT OF MEDICALLY LIMITED  
EMPLOYEE - \_\_\_\_\_  
(Employee's Name/Classification/Bureau/Office)

Will appoint to a position of \_\_\_\_\_  
effective \_\_\_\_\_

Was considered for appointment to the following vacant position(s) in our  
Bureau/Office as of \_\_\_\_\_ but unable to appoint because:

<u>Class</u>	<u>Precluded By Work Restrictions</u>	<u>Does Not Meet Minimum Qualifications</u>	<u>Unable to Perform Essential Duties</u>	<u>No Vacancy</u>
_____				
_____				
_____				

Please state the essential duties of the above positions considered and why the employee cannot be reasonably accommodated.

Date

RE: ACCOMMODATION ASSESSMENT

Dear :

The Department of Public Works has completed its bureau/department wide search. Please be advised that your restrictions cannot be accommodated in your current position as a \_\_\_\_\_. Therefore, the Department/Bureau considered other positions that you might be able to perform. However, at this time (there are no vacant positions in your class) or (the physical requirements of the position would violate your work restrictions as imposed by your treating physician/workers compensation doctor/Medical Services Division) or (the only vacant positions that you qualify for are \_\_\_\_\_). When considering a change in class, the change may not result in a promotion. The employee must meet the minimum requirements of the job bulletin and be capable of performing the essential functions of the position, with or without reasonable accommodations.

The Department has referred your case to (Workers Compensation Analyst/Citywide Placement Officer \_\_\_\_\_) for a citywide search. Please be advised that the Department and Bureau will continue to conduct a department/bureau-wide search as a new vacant position becomes available.

If you have any questions, feel free to contact me at (213) xxx-xxxx.

Sincerely,

Department/Bureau RTW Coordinator

Cc:Citywide Placement Officer