

Workers' Compensation Guide for Managers and Supervisors

TABLE OF CONTENTS

	<u>Page</u>
Introduction	3
Section 1: What is Workers' Compensation?	4
<ul style="list-style-type: none"> • Injuries & Illnesses defined <ul style="list-style-type: none"> • Specific • Cumulative • Aggravation 	
Section 2: When an Injury or Illness Occurs at Work	6
<ul style="list-style-type: none"> • Medical care for the injured employee • Your role with the injured/ill worker • Completing the Supervisor's Injury and Illness Incident Report • Accident Investigation • Questions and Answers 	
Section 3: Workers' Compensation Claims	10
<ul style="list-style-type: none"> • The claim process • Claims investigation • Questions and Answers 	
Section 4: Workers' Compensation Benefits	13
<ul style="list-style-type: none"> • When an Injury or Illness Results in Time Away from Work • Coordination of Benefits • Supplemental Job Displacement Benefits • Death Benefits • Questions and Answers 	
Section 5: Return-to-Work Program	15
<ul style="list-style-type: none"> • Contact with the injured employee • Transitional Work/Reasonable Accommodations • Return-to-Work Process • Transitioning an Employee Back to Work • Monitoring the Return-to-Work Program • Employee responsibilities 	
Section 6: Preventing Injuries	20
Glossary of Terms	22
Appendices	24

Introduction



The purpose of this guide is to orient supervisors and managers through the process of Workers' Compensation should an employee become ill or injured. Our intent is to help you understand your role and responsibilities so that proper procedures are followed and state compliance is maintained. This guide is designed to give you the tools needed to handle Workers' Compensation cases and to work toward preventing injuries.

If a work-related injury or illness does occur, you want to be prepared. It is important to read this guide before an injury/illness occurs. You need to know what steps to take and who to contact when responding to emergency and non-emergency situations. It is important that you respond quickly and fairly. Please take the time to become familiar with the comprehensive services available to CSU East Bay employees as outlined in this guide.

- The material in this guide is organized by topic and includes a glossary of terms for reference and an appendix of forms. Where pertinent, a Q &A will be located at the end of certain sections.

Forms located in the appendix can be downloaded through the Human Resources website.

Frequently Used Telephone Numbers

- Emergency Dial 9-1-1 (Campus Police will dispatch Ambulance – Fire Department)
- Risk Management
 - Main number (510) 885-4227
 - Workers' Compensation Coordinator (510) 885-4227
 - Fax (510) 885-4908
- Student Health Center (510) 885-3736 First Aid Only
- Sedgwick Claims Management Services (510) 302-3000
P.O. Box 2078
Oakland, CA 94612

Sedgwick CMS administers California State University, East Bay's Workers' Compensation program. Sedgwick CMS is a claims management firm headquartered in Oakland, California. They facilitate process to determine whether the injury or ill did arise out of employment and during the course of employment and the employee's eligibility to receive Workers' Compensation benefits.

If you would like to provide feedback regarding this guide or have additional questions, please contact the Risk Management office.

Section 1

What is Workers' Compensation?



Workers' Compensation is an employer-paid benefit program that provides compensation and medical benefits if an employee is injured or becomes ill due to a work related circumstance.

Any injury or illness is covered under Workers' Compensation if it is caused by the employee's job. This includes serious injuries as well as first aid injuries. Under Workers' Compensation law, the employee may receive medical care if he/she is injured, no matter who was at fault. Eligibility for benefits will be determined by CSU's third party Workers' Compensation claims administrator, Sedgwick Claims Management Services

Some injuries may not be covered through the workers' compensation program. Such cases may include but are not limited to injuries while voluntarily engaging in recreational, social, or athletic activities outside of the employee's work duties.

Who is covered?

California State University, East Bay employees which includes faculty, staff, special consultants, student assistants, work study students, and appointed volunteers are covered by Workers' Compensation.

Volunteers include non-paid board members, non-paid faculty, student teachers or any other person registered with the school, who is volunteering their time to benefit the University. If a volunteer sustains an injury/illness/disease, the department must follow the Workers' Compensation reporting procedures.

Employees under contract must refer to their agreement with the University in order to determine who covers Workers' Compensation benefits.

Injuries and Illnesses

According to the California Labor Code, the term "injury" includes any injury, illness, or disease *arising out of employment and occurring in the course of employment* (AOE/COE). Other terms used in reference to an injury are: industrial injury, industrial accident, compensable injury, and work injury. Injuries are categorized in three ways:

- **Specific:** Injury to one or more parts of the body resulting from a specific incident. (Example- Employee falls down stairs and fractures a bone.)
- **Cumulative:** Injury from repetitive traumatic activities over a period of time. (Example- Employee experiences hearing loss due to repeated noise exposure.)
- **Aggravation:** A pre-existing condition or non work-related condition aggravated by an occupational injury or disease. The employer provides medical treatment until the employee returns to the pre-injury status of the pre-existing condition. (Example- Employee's previous back injury exacerbated by continued heavy lifting.)

Sedgwick will evaluate reported injuries/illness based on:

- The accident/exposure must have occurred during assigned work hours. (Assigned work hours begin when the employee arrives at work.) Workers' Compensation benefits generally do not cover accidents that occur while coming and going to work or at lunch, unless the lunch period is "paid time" and attendance on University property is required.

- The accident/exposure must have occurred on the employer's premises or a location required by the employer.
- The accident/exposure must have occurred while performing a work-related activity. A work-related activity is defined as one that benefits the employer, even if it may not be an assigned duty. For this reason, injuries/exposures that occur on authorized breaks are generally covered by Workers' Compensation.

A claim may be denied or reduced in benefits if injury or illness was due to:

- The employee was intoxicated or had illegal drugs in his or her system at the time the injury occurred.
- Injuries are purposely self-inflicted.
- Injuries/Illnesses caused by an accident/exposure, which is defined as an unexpected and unforeseen event (i.e., acts of nature—thunder, earthquakes...)
- Injuries sustained by an employee who assaults or was involved in activities intended to injure another person are not covered. However, the innocent injured employee would be covered by Worker's Compensation and Sedgwick CMS, our third party administrator, may act against the assaulting employee to recover monetary damages.
- It is determined by the insurer that the employee misrepresented his/her claim
- The employee knowingly works outside his/her limitations while on modified duty

Section 2

When an Injury or Illness Occurs at Work

You want to be prepared when an injury occurs at work. The following is a checklist you may use as a supervisor to ensure the proper steps are taken.



Step 1

Arrange medical care for the injured employee.

- **In an emergency call 911 immediately** from any campus phone. You will be connected to a campus police dispatcher, who will send a police officer and, if needed, emergency medical personnel. Emergency injuries and illnesses include but are not limited to:
 - Excessive bleeding and broken bones
 - Chest pain
 - Unconsciousness
 - Life threatening injuries
- **First Aid:** If the injury or illness requires medical attention and it is **not** an emergency, employees may be sent directly to Student Health Services. This medical facility is designated to treat **FIRST AID** injuries and/or illnesses that require **no more than one visit**. When employees go to Student Health Services for evaluation and/or treatment Risk Management will provide an *Authorization for Treatment* to take with them. These injuries/illnesses include but are not limited to:
 - Minor injuries and illnesses
 - Cuts, scratches, scrapes
- **Injuries/Illness:** If the employee requires treatment **beyond First Aid**, the employee will be referred to a designated occupational medical facility **unless** there is a Pre-Designation of Treating Physician form on file in Risk Management. These injuries/illnesses include but are not limited to:
 - Back injuries, knee strains
 - Exposure to hazardous substances
 - Cumulative trauma injuries
- During after-hours and weekends, employees must go to the nearest emergency room.
- If needed, the supervisor should escort or assist the employee to the medical facility.

Step 2

Your responsibility as the Supervisor

Within eight (8) hours of your knowledge of the injury/illness complete the **Supervisor's Injury and Illness Incident Report (Appendix A)**. Reporting promptly helps prevent problems and delays in providing benefits, including medical care the employee may need to avoid further injury.

- Your role is to look into the incident by completing the **Supervisor's Injury and Illness Incident Report** with the employee. First aids must also be reported on this form.

- **Do not give this form to the employee to complete. It is the supervisor's responsibility to address concerns, if any, surrounding the injury with the employee.** Addressing safety and training concerns are critical in preventing injuries.
- Forward original to Risk Management with a copy to:
 - Environmental Health & Safety (EH&S)
 - Student Health Services
 - Originating department

Step 3

Your role with the injured/ill worker

The Employee will need to complete two forms and return them to Risk Management:

- 1) ***Employee's Report of Work Injury/Illness (Appendix B)*** is to be filled out by the employee and submitted to Risk Management within 24 hours.
- 2) ***Employee's Claim for Workers' Compensation (DWC 1)*** form will be provided to employee by Risk Management within one working day of the date of knowledge.

Step 4

Accident Investigation

Environmental Health & Safety (EH&S) will evaluate the supervisors report and dictate if an investigation is necessary. If necessary, the supervisor will be contacted by EH&S to meet. A report with suggested recommendations will be forwarded to the Supervisor and Risk Management.

The Environmental Health & Safety (EH&S) investigation will consist of:

- Interviewing injured personnel and witnesses.
- Examining the injured employee's work area for causative factors
- Reviewing established procedures to ensure they are adequate and were followed.
- Reviewing training records of affected employee and determine all contributing causes of the accident.
- Taking corrective actions to prevent accident/exposure from reoccurring.
- Recording and reporting all findings and actions taken.

Step 5

Contact with the injured/ill employee

- If you are not sure about whether to contact the employee when they are off from work consult with Risk Management.
- Risk Management will follow up with the injured employee periodically.

Step 6

Returning to Work

- Risk Management will e-mail the supervisor regarding work restrictions, if any.
- Be open to discuss possible “modified work” or “alternative work” when the employee is able to return. If feasible, arrange to have equipment needed or other temporary accommodations in place.
- Review Section 5: Return-To-Work Program process (page 15) for details and definitions.

Workers' Compensation Claim and Employee Personnel Files

To protect the employee's privacy, any documents that relate to an injury or disability including the **Employer's Report of Occupational Injury and Illness (Form 5020)** and the **Workers' Compensation Claim Form (DWC Form 1)** will be kept in a separate file from the rest of an employee's personnel file in Risk Management.

Filing of a legitimate Workers' Compensation claim is not to be used as grounds for disciplinary actions against an employee.

Questions and Answers

Q. Why is the *Supervisor's Injury and Illness Incident Report* form so important?

A. The California Occupational Safety and Health Administration, or Cal/OSHA, requires employers to report **EVERY** case involving a **serious injury or illness, or death, immediately** within eight (8) hours. **Supervisor's Injury and Illness Incident Report** is a standardized form designed by CSU East Bay to be filled out by the employee's supervisor. These forms are maintained for at least three years after the date of the incident or report of illness.

Q. Why is the *Workers' Compensation Claim Form (DWC 1)* necessary?

A. The Workers' Compensation claim form is required by law for any occupational injury occurring on or after January 1, 1990. The form must be provided to the injured employee within one working day of injury notification. This form will be provided to the employee by Risk Management upon receipt of the Supervisor Report of Injury/Illness form. First aid is not reported under Workers' Compensation.

Q. What if I don't have all the information for completing the *Supervisor Injury/Illness Incident Report form*?

A. Delaying the form may seriously jeopardize the employee's disability payments or medical care, as well as the claims investigation process. If possible, contact the employee by phone if you are unable to meet with them.

Q. If a Student employee is hurt on the job, should I complete the *Supervisor Injury/Illness Incident Report form*?

A. Yes. As the supervisor of the student employee, you must look into the incident by completing this form.

Q. If an employee is injured elsewhere (i.e., while in another department on official business), which departmental supervisor is responsible for reporting the injury?

A. Employees should inform their own supervisor of the injury so that the supervisor can complete the **Supervisor's Injury and Illness Incident Report** form. Risk Management will follow through by providing the employee with the **Workers' Compensation Claim Form (DWC 1)**.

Q. *What if an employee tells me an injury is job-related but does not wish to file a claim for the injury?*

A. It is the employee's right not to file. State law requires, however, that the **Supervisor's Injury and Illness Incident Report** form be completed by the employer every time an occupational injury is reported. To aid in the claims process, attach a statement indicating the employee does not wish to pursue the claim at this time. State law still requires that the **Workers' Compensation Claim form (DWC Form 1)** be given to the employee within one working day of notice of injury. Risk Management will provide this form to the employee with 24 hours. This does not include minor injuries such as first aid. If the employee does not wish to file a claim, State law does not require the employee to complete the **Workers' Compensation Claim Form (DWC 1)**.

Q. *What should I do if an employee is hospitalized and unable to interview for a **Supervisor's Injury and Illness Incident Report**?*

A. Contact Risk Management **immediately**. Risk Management will mail the claim form to the employee's home address within one working day from the date of knowledge. The *Supervisor's Injury and Illness Incident Report* will need to be filled out as soon as it is feasible to speak with the injured employee.

Q. *What is the supervisors' responsibility for administering **first aid** to an injured employee?*

A. Send the employee to the Student Health Services office, (510) 885-3735. The supervisor must also contact Risk Management immediately in order to authorize treatment.

Q. *Can I or my employee go to the Student Health Services if the employee's injury is not work-related?*

A. No. For personal health care problems, the employee should seek his/her own health care provider. The Student Health Services office is only available to employees who sustain a first aid work-related injury.

Q. *If my employee calls in to report "back problems," are they considered work-related injuries?*

A. Ask the employee what happened. If the employee states that the back problems are work-related, contact Risk Management **immediately**. You must also complete the **Supervisor's Injury and Illness Incident Report** form within eight (8) hours. Medical examinations and claims investigation will determine the nature and extent of the employee's injury.

Q. *Who determines what benefits an employee is eligible for and whether or not the injury is work-related?*

A. The type and amount of benefits are established by law. Sedgwick CMS, the third-party administrator, determines whether the injury is work-related or not. They will conduct a fact gathering process which can take up to 90 days. In addition Sedgwick CMS will speak with the employee, supervisor, and review the medical evaluations to determine whether the injury/illness is work related.

Q. *Am I required to complete the **Supervisor's Injury and Illness Incident Report** form for an employee who claims to be out because of work-related stress?*

A. Yes, if the employee claims to be out because of stress caused by work (or if work restrictions from the physician indicate this), you are required to complete a Supervisor's Injury/Illness form. Contact Risk Management **immediately**. Risk Management will mail a claim form to the employee's home address

within one working day of the date of knowledge of injury/illness. Sedgwick CMS will conduct an investigation to determine work-related stress factors with any stress claim.

No compensation is due in the following situations:

- Claim is filed after notice of termination or layoff unless special conditions exist.
- Psychiatric injury was substantially caused by a lawful, nondiscriminatory, good faith personnel action. (i.e. a valid reprimand or separation)

Section 3

Workers' Compensation Claims

Sometimes it is difficult to know whether an employee's injury/illness/disease will be covered by Workers' Compensation benefits. Although the University does not make decisions regarding claim acceptance or denial, we can provide you with information on how claims are processed.



The Claim Process

The following stages of the claim process takes place when an employee is injured or becomes ill:

1. Injury occurs and medical treatment is obtained.
2. Supervisor completes the ***Supervisor's Injury and Illness Incident Report*** form within eight (8) hours of injury/illness.
3. Completed ***Supervisor's Injury and Illness Incident Report*** form is sent by employee's supervisor to Risk Management with copies to:
 - a. Environmental Health Services
 - b. Student Health Services
4. Risk Management will provide Sedgwick CMS with a copy of the ***Supervisor's Injury and Illness Incident Report***.
5. Risk Management will provide the employee with ***Workers' Compensation Claim Form (DWC1)***, from date of knowledge of injury.
6. Sedgwick CMS contacts the injured employee, the employee's supervisor, and the employee's treating physician. An initial decision is usually made within the first 14 days. If there are questions regarding compensability, Sedgwick CMS will send a "***Delay in Decision***" letter to the injured worker and proceeds with gathering additional information surrounding the claims. The final decision must be made within 90 days. If medical reports are pending, claim may be denied pending the medical reports.
7. If claim is accepted, Industrial Disability Leave (IDL) or Temporary Disability (TD) benefits are paid until the employee returns to work or the medical condition becomes Permanent and Stationary (P&S) for injuries prior to January 1, 2004 or for injuries after January 1, 2004, when employee reaches Maximum Medical Improvement (MMI). The employee is eligible for this benefit only if the physician certifies that the injury caused the employee to lose time from work. **Dates must be verified by physician and Sedgwick CMS.**
8. If the employee is eligible for IDL or TD, Risk Management will contact the department to generate an **e-SAF/e-FAF** placing the employee on Industrial Disability Leave, Temporary Disability, or NonIndustrial Disability Leave. Risk Management will contact the department once the physician's work status and restrictions, if any, have been received. An e-SAF/e-FAF will then need to be generated reinstating the employee back to work.
9. If the claim is delayed, the employee may use his/her accruals (i.e., sick leave, vacation, personal holiday, CTO) during this leave period of lost time. The employee may also be eligible for NonIndustrial Disability Leave (NDI), and/or Catastrophic Leave during the lost time pending the

decision of the claim. In addition, Family Medical Leave may run concurrently with above leaves. Human Resources will contact the injured/ill employee regarding eligibility of these leave programs.

10. During the delay process or during the process of a claim, Sedgwick CMS may require the employee to schedule and attend a Qualified Medical Examination (QME) with a doctor selected from a panel of doctors provided by the Industrial Medical Council. The appointment is not with the employee's treating physician. The employee should be allowed to attend on University release time; therefore, the employee's time is not charged. Please contact the Workers' Compensation Coordinator to confirm date.
11. Once employee is returned to work but is still under the care of a physician, the CSU policy states that absences shall be charged to the employee's leave credits (i.e., sick leave, vacation, CTO...) for doctor's appointments, physical therapy, and/or medical procedures. The only exception is for attending a Qualified Medical Examination authorized by Sedgwick CMS. Please refer to item #10 above. Please contact the Workers' Compensation Coordinator for confirmation of date if employee requests time off for attending a QME.
12. If an employee is unable to perform his/her usual and customary job, the employee's must submit the *Industrial Work Status* provided by their physician to Risk Management PRIOR to returning to work. **Modified work, alternative work or reduced-hours work** will be addressed by Risk Management and the Supervisor. Please review **Section 5: Return-to-Work Program**.
13. If the employee is unable to return to his/her customary job or requires permanent accommodations, Sedgwick CMS will notify the employee and employer by letter with a copy of the doctor's final report. Risk Management, the Supervisor and University's Disability Compliance Officer will meet to address options. Employee will then be contacted to communicate options.
14. Employees who are permanently disabled as determined by their Primary Treating Physician, may be eligible to receive Permanent Disability (PD) benefits. The percentage of Permanent Disability is determined using state guidelines, American Medical Association (AMA) Guide, and an assessment of the injured employee's permanent impairment and limitations. The funds are paid directly to the employee and are not considered income. Departments are not notified when an employee receives Permanent Disability (PD). Future medical treatment may also be awarded, depending on medical recommendations.

Claims Investigation

Some claims require further review by the University's third-party administrator, Sedgwick CMS, to verify that they are work-related. These cases may include stress claims, claims with a delay in filing, and overexertion/overextension cases due to repetitive activities. In order for these claims to be deemed compensable, the injury must be *arising out of employment and occurring in the course of employment* (AOE/COE). In addition to reviewing medical records and requesting medical evaluations, Sedgwick CMS may send a representative to visit the worksite and meet with the employee, employee's supervisor, co-workers, or witnesses to obtain more information concerning the injury.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Questions and Answers

Q. What is a Delay in Decision?

A. A Delay in Decision is a notice sent by Sedgwick CMS to an injured worker when there is a question related to the compensability of the injury.

Q. Can I, as a department supervisor, be personally sued?

A. As a general rule, no, unless you act outside your scope of employment with "serious and willful misconduct" or discrimination. In such cases, you may be held personally liable. In addition to seeking an increase in benefits, an employee may pursue civil remedies.

The term "willful" means that the conduct was intended. "Misconduct" is defined as "inappropriate behavior." An employee seeking an increase in benefits must prove that the employer's conduct involved intent to injure or showed a reckless disregard for employee safety.

If an employer knowingly violates a safety order and the violation is the cause of the injury, it will constitute serious and willful misconduct. Also, if the employer fails to provide a safe place to work as required by law, the intent required for serious and willful misconduct may be inferred.

If an employer discharges, threatens to discharge, or discriminates against an employee because he or she has filed or made known an intention to file an application for adjudication, or because the employee has received a rating, award, or settlement, the employer is guilty of a misdemeanor. The employee can file a discrimination action known as Section "132a."

Section 4

Workers' Compensation Benefits

Medical benefits may include medical treatment, surgery and prescriptions. An employee should have no "out-of-pocket" medical expenses when they have an accepted Workers' Compensation claim and treatment has been authorized by Sedgwick CMS' utilization review process.



When an Injury or Illness Results in Time Away from Work

The employee is eligible for this benefit only if the physician certifies that the injury caused the employee to lose time from work and Sedgwick CMS accepts the employee's claim for Workers' Compensation benefits.

If the claim is approved by Sedgwick Risks Services, these benefits are not paid for the first three calendar days (waiting period) the employee is unable to work. Employee may use sick leave or available accruals to cover the waiting period. If the employee is hospitalized as an inpatient or unable to work for more than 14 calendar days, the three-day waiting period does not apply.

If the claim is delayed, the employee may use his/her accruals (i.e., sick leave, vacation, personal holiday, CTO) during the period of lost time. The employee may also be eligible for NonIndustrial Disability (NDI) and/or Catastrophic Leave during the lost time pending the decision of the claim. In addition, Family Medical Leave (FML) may run concurrently with disability leaves. The employee should contact Risk Management for additional information.

Benefits

If the claim is accepted, and the injured employee was off work for more than three calendar days, Sedgwick Risks Services will authorize Industrial Disability Leave or Temporary Disability based on the physician's certification and employee's eligibility for this benefit. The employee will need to review and complete the **Industrial Disability Fact Sheet**, ([Appendix C](#)).

This **Industrial Disability Fact Sheet** form offers the employee four options for receiving income. This form must be completed and returned to Risk Management once there is a loss of wages. It is important that the employee understand that the compensation option chosen will also be used for future lost wages on that claim. The following information will be provided to the employee with further details regarding these options:

- **Worker's Compensation Benefits** ([Appendix D](#))
- **Disability Payments/Deductions Summary** ([Appendix D](#))

Coordination of Benefits

Coordinating these benefits, generating e-SAFs/e-FAFs can be complicated and confusing. The Workers' Compensation Coordinator and the Payroll Technician can assist the department and the employee during this process.

Supplemental Job Displacement Benefits (SJDB)

Workers injured on or after January 1, 2004, who have reached permanent & stationary status or maximum medical improvement and have a permanent disability caused by the injury, may be eligible to receive "supplemental job displacement benefits" (voucher) for retraining or skill enhancement:

- a) You may be eligible for supplemental job displacement benefits if you do not return to work for your employer within 60 days after Industrial Disability Leave (IDL)/Temporary Disability (TD) benefits end. Unless the employer offers modified work, alternative work or permanent accommodations within 30 days, IDL/TD benefits will end.

- b) Vouchers will be for education-related retraining or skill enhancement at a state approved or accredited school. The amount of the vouchers will depend on the rating or award for permanent partial disability (PPD).

Risk Management and the department will need to determine within 30 days whether modified work, alternative work, or permanent accommodation is available. If modified work, alternative work, or permanent accommodation is offered, the employee receives an offer letter from Sedgwick CMS to begin work. The employee then has 30 days to accept or reject the offer. If modified work, alternative work or permanent accommodation is not offered, the employee may be eligible for Supplemental Job Displacement Benefits (SJDB).

Death Benefits

If an employee's death is the result of a work-related injury or disease, death benefits are payable to qualified dependents/beneficiaries.

If you would like additional non work-related disability information visit our website at www.aba.csueastbay/HR or contact Risk Management.

- Catastrophic Leave, Family Medical Leave, and NonIndustrial Leave

Questions and Answers

Q. *Does an employee lose employment service credits for the time lost because of a work injury?*

A. No, provided the injury is accepted by Sedgwick CMS and the employee remains on the payroll.

Q. *What is my reporting responsibility regarding employees with recurring injuries who sporadically take off and/or re-injure themselves at work?*

A. Any time an employee loses one day or more from work because of a work injury, call Risk Management immediately. The Workers' Compensation Coordinator will relay this information to Sedgwick CMS to avoid delays in claims processing or in providing disability payments.

Q. *How should I report my employee's time off on Workers' Compensation?*

A. If a claim is on delay, the employee may use his/her accruals (sick leave, vacation, personal holiday, CTO) during the period of lost time. The employee may also be eligible for NonIndustrial Disability (NDI), Catastrophic Leave, and/or Family Medical Leave (FML) during the lost time pending the decision of the claim. The employee should contact Human Resources for additional information.

If the claim is accepted and the employee has been placed off work by the physician, Human Resources will request the department generate two (2) e-SAFs/e-FAFs placing the employee on Industrial Disability Leave (IDL) or Temporary Disability (TD) benefits AND reinstating employee from the industrial leave of absence. Information such as effective dates will be provided by Human Resources.

If the employee is on modified work, alternative work, permanent accommodations, or returned to full duty with no restrictions and needs to go to a medical appointment, physical therapy, treatment, x-rays or other medical procedure related to the employee's claim, the CSU policy requires that the employee use his/her available accruals (i.e., sick leave, vacation, CTO...). If the employee needs to attend a Qualified Medical Exam (QME), such time shall not be reported on the attendance. Please contact Risk Management to confirm appointment with a Qualified Medical Examiner.

Q. When can I replace an employee who is out on Workers' Compensation?

A. You can temporarily replace an injured employee according to Human Resources policies and collective bargaining agreements. An injured employee who is on pay status IDL/TD cannot be medically separated. If you wish to replace an employee who is out on Workers' Compensation, contact Human Resources.

Section 5

Return-to-Work Program

As a supervisor, you play an important role in an ill or injured employee's recovery and return to work. When an employee has the opportunity to return to work, you can often help speed recovery by providing the needed accommodations. The University, department, and employee all benefit from providing accommodations through modified work, alternative work or permanent accommodations. In addition, federal law, staff personnel policy, and collective bargaining agreements all require that efforts be made to provide reasonable accommodation.



Contact with the Injured Employee

The Workers' Compensation Program encourages contact between the supervisor and employee during absences resulting from an injury or illness. The type, frequency, and content of the contact will vary depending on many factors, including the type of claim and the prior relationship between supervisor and employee.

Modified Work/Alternative Work

Risk Management will periodically forward the supervisor updates regarding the status of the employee. Often an employee may be recovered enough to come to work and perform transitional duties before he/she is able to perform the job fully. The supervisor will be notified once the employee is being released to full duty or modified duties. The supervisor will be notified of such restrictions, if any. Please do not allow the employee to return to work PRIOR to providing a medical release to Risk Management/Human Resources.

As a supervisor, you play a very important role in the recovery of an injured/disabled employee. One proven way of decreasing a disabled employee's recovery time is by allowing him/her to return to work with modified work, alternative work, or reduced-hours work. A shorter recovery period often results in a quicker return to regular job duties, which benefits both the employee and the department. Transitional work allows an employee to work in a modified, alternative, or reduced-hours capacity, for a defined period of time, while recuperating from an illness or injury.

Risk Management will discuss the work restrictions with you to avoid any misunderstandings and to assist you in determining how the restrictions can best be accommodated. Usually, simple ways of modifying a job can be identified by the supervisor, the employee, and the Workers' Compensation Coordinator.

An option might be a simple modification of the work-site. A different chair height or rearrangement of a work surface may enable someone to return to the job. Sometimes portions of the job can be omitted or assigned to another worker temporarily (modified work). At other times, it may be appropriate to assign an injured worker to a different position (alternative work). An employee and supervisor cannot, however, change the restrictions outlined by the physician. Job assignments must stay within the employee's abilities as stated in the restrictions. If you need clarification, the Workers' Compensation Coordinator can contact the physician who developed the restrictions for the employee.

Transitional work can be:

- Modified Work – Changing, transferring, or eliminating specific job duties within the employee's regular job to meet the temporary work restrictions;
- Alternative Work – Offering the employee a position other than his/her regular job to meet the temporary work restrictions;
- Reduced-Hours Work – Offering less than full-time work to meet the temporary work restrictions.

Return-to-Work Process

The success of the Return-to-Work Program relies on the collaborative efforts between the employee and the supervisor. Both parties need to be a part of this process to ensure its success. The goal is to facilitate the transition from light or limited duty to the resumption of the employee's regular job duties.

California State University, East Bay's Return-to-Work Program allows an employee with temporary work restrictions to work in a modified work, alternative work or reduced-hour work for a defined period of time (up to 90 days), while recuperating from an injury or illness. If restrictions go beyond 90 days, the Workers' Compensation Coordinator, Supervisor and University's Disability Compliance Officer will need to evaluate the status of the employee in accordance with the American with Disabilities Act (ADA) and Fair Employment and Housing Act (FEHA).

The following is the typical Return-to-Work Work process:

- Treating physician releases employee to work with restrictions.
- Treating physician provides work restrictions in writing to employee.
- Employee provides work restrictions to Risk Management. **A medical release must be provided and reviewed by Risk Management prior to the employee's return to work. Please do not allow employee to return to work before discussing with Workers' Compensation Coordinator.**
- Workers' Compensation Coordinator provides work restrictions to supervisor.
- Workers' Compensation Coordinator, supervisor/manger, and employee engage in an "interactive" dialogue to discuss the possibility of modified work, alternative work, and/or reduced-hours work. As needed the University's Disability Compliance Officer will participate in the process.
- Workers' Compensation Coordinator will instruct supervisor to complete one or both of these forms: ***Work Activity Analysis (Appendix E) and/or Description of Employee's Job Duties [DWC RU-91] (Appendix G)*** form.
- The ***Work Activity Analysis and the Description of Employee's Job Duties [DWC RU-91]*** will outline the assigned duties based on the dialogue with the Workers' Compensation Coordinator, supervisor, employee, and if applicable—the University's Disability Compliance Officer. Send completed form(s) to Workers' Compensation Coordinator for review.

- Workers' Compensation Coordinator and supervisor determine start and end date of ***Return-to-Work Agreement*** based on physician's note. Period not to exceed 90 days.
- Supervisor reviews ***Return-to-Work Agreement, Work Activity Analysis and/or Employee Information Sheet*** with employee.
- Supervisor and employee complete and sign ***Return-to-work Agreement during review.***
- Supervisor reviews with employee and gives a copy to employee.
- Copy of ***Return-to-Work Agreement, Employee Information Sheet*** and ***Work Activity Analysis or*** to employee and forward originals to Risk Management.
- Workers' Compensation Coordinator will contact department to generate an e-SAF/e-FAF reinstating employee from disability leave.
- Employee starts modified work, alternative work or reduced-hours work as agreed upon.
- Once employee is returned to work but is still under the care of a physician, the CSU policy states that absences shall be charged to the employee's leave credits (i.e., sick leave, vacation, CTO...) for doctor's appointments, physical therapy, and/or medical procedures.

The only exception is for attending a Qualified Medical Examination (QME) authorized by Sedgwick CMS. Please contact the Workers' Compensation Coordinator for confirmation of date if employee requests time off for attending a QME.

- Workers' Compensation Coordinator will provide updates on restrictions to supervisor as physician's work status are received. Re-evaluation of the ***Return-to-Work Agreement*** and ***Work Activity Analysis and/or Description of Employee's Job Duties [DWC RU-91]*** will be discussed as needed. An amendment to these documents may be required.
- Supervisor monitors employee's work progress.
- Supervisor reviews the progress of the ***Return-to-Work Agreement*** and ***Work Activity Analysis and/or Description of Employee's Job Duties [DWC RU-91]*** with employee at an agreed upon date (e.g., midpoint).
- Supervisor contacts Workers' Compensation Coordinator near conclusion of the ***Return-to-Work Agreement*** to discuss whether the plan should be terminated, extended, or altered.
- Supervisor meets with employee to inform him/her of terminated, extended, or altered agreement. An amended ***Return-to-Work Agreement*** and ***Work Activity Analysis and/or Description of Employee's Job Duties [DWC RU-91]*** may be required.

Supervisor should contact the Workers' Compensation Coordinator in Risk Management (510-885-4227) for assistance during any part of this process.

Transitioning an Employee Back to Work

Returning to work after a disability leave due to an illness or injury can be a difficult transition for an employee. How easily an employee transitions back to work will depend upon a number of factors. For example, factors such as the length of the absence, the effectiveness of the accommodations, and how welcome and included the employee feels upon his/her return can all impact the ease in which an employee transitions back to work.

As a supervisor, your actions can also have a positive impact on your employee's transition back to work. Below, are a few tips you can follow to make your employee's return to work as smooth as possible.

- Prior to the employee's first day back at work:
 - Inform your staff of the employee's return to work and the specific date.
 - Do **not** disclose or discuss the employee's condition with your staff. Simply tell your staff that the employee is returning to work from his/her leave of absence.
 - If the employee's return to work impacts other employees' job duties, inform them of the changes.
 - If needed, prepare and arrange for work space, computer access, phone set-up, training, re-orientation, etc.
 - If needed, arrange for a computer workstation evaluation by contacting the Workers' Compensation Coordinator in Risk Management (510-885-4227).
- On the employee's first day back at work:
 - Personally greet and welcome the employee back at work.
 - Introduce the employee to new staff members, if any.
 - Re-orient the employee to your department if there have been any organizational and/or procedural changes.
 - If you have not already done so, review with the employee the completed ***Return-to-Work Agreement, Work Activity Analysis and/or Description of Employee's Job Duties [DWC RU-91]*** and the ***Employee Information Sheet***.
 - Ask the employee to sign and date the agreement and send the originals to Risk Management.
 - Remind the employee that his/her health/safety is the primary concern; therefore, if he/she is asked to perform a task that exceeds his/her work restrictions or he/she feel unable to perform a task, he/she should immediately notify you.
 - Reassure the employee that his/her disability details have not been shared with his/her co-workers and that he/she should not feel compelled to do so.
- While the employee continues to work:
 - As you do with your other employees, periodically check-in with the employee to see how he/she is doing.
 - Meet with the employee on the agreed-upon date (e.g., midpoint) to formally note his/her progress.
 - Status of recovery will be provided to the Supervisor by Risk Management.
 - Keep the Workers' Compensation Coordinator updated on progress.
 - If the employee is unable to go to work due to their work injury, contact Risk Management immediately.

Monitoring the Return-to-Work Program

Modified work and alternative work are temporary in duration, and subject to regular re-evaluation. The treating physician will address any restrictions if applicable, upon each medical appointment. Upon receiving additional information, the University will re-evaluate its ability to continue to provide modified or alternative work and to increase or decrease the assigned tasks, based on the restrictions outlined by the physician.

Roles/Responsibilities

Employee:

- The employee is responsible for providing Risk Management with a work status form from his/her doctor indicating the physical restrictions and the expected duration prior to returning to work.

- If modified or alternative work has been found, the employee must accept the assignment; otherwise, he/she jeopardizes his/her temporary disability benefits if the assignment offered is turned down without good cause.
- Work within the limits of the ***Work Activity Analysis and/or Description of Employee's Job Duties [DWC RU-91]*** and physician's medical release.

Department:

- The department is responsible for working with Workers' Compensation Coordinator in providing a transitional assignment within the department upon receipt of the employee's medical restrictions.
- If modified or alternative work is not available, the department is responsible for documenting why an assignment is not possible.
- Ensure that employee released to modified or alternative work is working within the job restrictions.
- Ensure that employee receives a thorough return-to-work orientation and that he/she understands their work within the limits of the ***Work Activity Analysis and/or Description of Employee's Job Duties [DWC RU-91]***.
- Immediately report any absences related to the work injury to the Workers' Compensation Coordinator.

Workers' Compensation Coordinator

- Establish clear, consistent return to work guidelines.
- Monitor medical progress of the eligible employee and initiate the Return-to-Work Program.
- Ensure an understanding of the program by both the supervisor and the affected employee.
- Verify that all participants understand the work limitations and abide by the plan guidelines.
- Monitor the program plan.
- Meet with the supervisor and the employee as needed.

Permanent Accommodations

In the event an employee's physical/mental restrictions become permanent and the employee is not a Qualified Injured Worker (QIW), which would be a vocational rehabilitation issue for injuries prior to January 1, 2004, the Department in conjunction with Risk Management and the University's Disability Compliance Officer will attempt to accommodate the employee's work requirements.

Each situation is unique and will be handled one case at a time. Permanent accommodations are coordinated with the supervisor through Risk Management and reviewed by the University's Disability Compliance Officer. The Workers' Compensation Coordinator will work closely with the supervisor during the process.

Section 6

Preventing Injuries

CSU East Bay is committed in providing a safe and healthy work environment for faculty, staff, and students. Everyone has a responsibility to work in a safe manner and not put themselves or others at risk. This includes:

- Complying with applicable policies and regulations
- Using personal safety gear
- Observing warning signs
- Learning about potential hazards
- Reporting unsafe conditions



Managers and supervisors play a special role in making sure the University's commitment to providing a safe and healthy work environment is carried out. As a supervisor, you are responsible for the safety of the employees under your direction. You know the job tasks and potential hazards as well as the workers and their capabilities. You are best positioned to support employees. It's important that you reinforce and model safe and healthy work practices to those under your direction. Specifically, supervisors/managers need to:

- Provide health and safety training and guidance on safe work practices
- Provide proper equipment
- Comply with Injury and Illness Prevention Plan
- Observe work practices and correct
- Look into reported accidents

As a supervisor, you can help control the costs associated with injuries (average is 6-8% of University payroll costs) by taking an active part in preventing injuries. Prevention of injuries saves supervisors/managers (and their departments) the direct costs of Workers' Compensation, sick pay, and disability costs and the indirect costs of money and time associated with lost productivity, replacement costs, and overtime.

General prevention principles that can be applied to most workplace health and safety issues include:

- Make a commitment to health and safety
- Create a supportive work environment
- Communicate
- Be a role model
- Provide proper equipment
- Observe and identify potential hazards
- Eliminate hazards
- Offer and support training and education
- Develop partnerships with your department and the office of Environment, Health and Safety (EH&S), (510) 885-4138
- Follow up and evaluate

Campus resources are available to assist you. The Office of Environment, Health and Safety (EH&S) is responsible for providing guidance and direction on campus compliance with health and safety regulations. EH&S provides training, chemical and noise exposure monitoring, sitting safe seminars, ergonomic assessments and other health and safety consultation services to the campus.

You and your staff can make a difference through your efforts both to prevent and to correct potential problems. These efforts may require an initial investment of time, but with some attention can become integrated into your day-to-day operations. The long-term results will pay off with benefits for all.

When injuries do occur, however, it is essential to correct situations that are unsafe or address unhealthy work conditions or practices. It is important to address the problem and handle it. You should report accidents immediately and fix any obvious problems. For the not-so-obvious problems, you may have to do an accident investigation.

Forms and Related Information can be downloaded from the Human Resources website.

- Description of Employee's Job Duties (DWC RU-91)
- Instructions for Description of Employee's Job Duties (DWC RU-91)
- Return-to-Work: Employee Information Sheet
- [Disability Payment/Deductions Summary](#)
- [Employee Injury/Illness Report](#)
- [Industrial Disability Fact Sheet](#)
- Predesignation of Personal Physician
- [Supervisor's Injury and Illness Incident Report](#)
- [WC Posting \(English\)](#)
- [WC Posting \(Spanish\)](#)
- [Work Activity Analysis](#)
- [Work Activity Analysis \(Sample\)](#)
- [Workers' Compensation Benefits](#)
- [Workers' Compensation FAQ's](#)
- [Workers' Compensation Pamphlet](#)

Glossary of Terms

AME

Agreed Medical Examiner. A doctor used by both parties to resolve a medical dispute in litigable cases

AOE/COE (Arising Out of Employment and during the Course of Employment.)

An injury, disease, or medical condition must meet the test of both arising out of employment and occurring during the course of employment to be compensable under Workers' Compensation law. For an injury to be compensable, the injured party must be an employee, the employee must be engaged in job activities at the time of injury, and job activities must be a proximate cause of the injury.

Death Benefit

Money payable to financial dependents of an employee who dies as a result of a work-related injury. Benefits vary depending on surviving dependants. In certain circumstances, additional benefits may be due.

Delay in Decision

A notice to the employee advising that a decision to accept or reject liability for the claim is not yet possible, giving the reason(s). This will allow adequate time to investigate claims without risking a penalty for failure to provide benefits within a reasonable time.

First Aid

Refers to a one-time treatment of minor scratches, cuts, burns, splinters, etc., which do not ordinarily require medical care, with a follow-up visit for the purpose of observation whether provided by a physician or registered professional.

Industrial Disability Leave (IDL)

Industrial Disability Leave or Temporary Disability. Disability benefit payment options.

Injury

For Workers' Compensation purposes: any injury, illness, or disease arising out of employment. An injury may be traumatic, repetitive, or cumulative over time, or an aggravation of a medical condition that is either pre-existing to employment or not proximate to it.

Maximum Medical Improvement (MMI)

The condition that exists when an injured employee's medical condition stabilizes, as determined by a treating physician.

Medical-Legal Exam

An examination to obtain medical evidence to establish the existence of the severity of a compensable condition. The main issue if an exam of this type is done is that there must be a contested issue. If there is no contested issue, then a Med legal is not done.

No-Fault

Neither the employee nor the employer must be proven negligent for a Workers' Compensation claim to be accepted.

Permanent and Stationary (P&S)

The condition that exists when an injured employee's medical condition stabilizes, as determined by a treating physician.

Permanent Disability (PD)

When the disability is found to be permanent and stationary and the injured worker is precluded from competing in the open labor market, the employee may be entitled to a permanent disability rating. A physician determines the extent of the work preclusion. Based on state guidelines, a disability rating and dollar value to be awarded the injured worker is determined from the physician's report.

PD Rating

A formula that takes into consideration the amount of disability (determined by a physician), part(s) of the body affected, age, and occupation. Final PD rating is expressed as a percentage (e.g., 55.5%).

Qualified Injured Worker (QIW)

The injured employee becomes a Qualified Injured Worker (QIW) when he/she can no longer do the usual job and the employer cannot offer transitional or alternative work. This is only applicable to pre January 1, 2004 injuries.

Qualified Medical Examiner (QME)

Physicians who meet the qualifications of the Industrial Medical Council are appointed to a master list off of which panels are chosen for injured workers.

Stipulation

A settlement option where there is no dispute in the facts of the cause.

Supplemental Job Displacement Benefit (SJDB)

If employee does not return to work within 60 days after his/her temporary disability ends, and employee is not offered modified or alternative work, he/she may qualify for a nontransferable voucher payable to a school for retraining and/or skill enhancement. SJDB is a benefit for injuries occurring on or after 1/1/04.

Temporary Disability (TD)

Lost wages provided to an employee who is temporarily unable to work because of a work-related injury are based on state guidelines.

Appendices



Supervisor's Injury and Illness Incident Report

INSTRUCTIONS:

1. Report the illness/injury **IMMEDIATELY** to Risk Management.
2. **Within eight (8) hours of the injury or illness:**
 - The employee's direct supervisor or administrator must complete ALL sections of this form. (*Under no circumstances is the injured/ill employee to complete this form.*)
 - Forward the original form to Risk Management with copies to the distribution list below.

I. INJURED/ILL EMPLOYEE

Name:	Job Title:
Address City	State Zip
Home Phone No: ()	Department: Ext:
Work Phone No: ()	Usual schedule : am / pm. TO : am / pm
Usually works: # hrs.	Work days: Mon Tues Wed Thu Fri Sat Sun
Direct Supervisor:	Ext:

II. FACTS RELATED TO INJURY/ILLNESS

Date/time of injury or onset of illness: / / at : am / pm	Any witness(es)? No Yes*	
Date/time the employee began work: / / at : am / pm	*Witness Name(s)	Phone No.
Date of supervisor's knowledge or notice of injury/illness: / /		
Where on campus did injury/illness occur (department/room/location outside):		
Was an outside agency/person responsible? No Yes If so, who?	Were other employees injured? Yes No If yes, who?	
If employee died, date/time of death: / / at : am / pm	Did injury/illness result in First Aid? No Yes	
Specific injury/illness and part(s) of body affected: (i.e., broken finger on <u>right</u> hand, tendonitis in <u>left</u> elbow, etc.)		
What was employee doing when event occurred? (i.e., lifting, keyboarding, loading boxes on truck; cleaning classroom; driving tractor, etc.)		
What office equipment, chemicals, or tools was employee using when the event occurred (i.e., computer equipment, tools, machinery)?		
Describe how injury/illness occurred. If more space is needed, please attach separate sheet of paper:		
Could anything be done to prevent injuries/illnesses of this type? What course of action do you propose?		

Signature of Supervisor

Date



Risk Management · SA 4701 · 25800 Carlos Bee Blvd · Hayward, CA 94542
Telephone (510) 885-4227 Fax (510) 885-4908

Appendix B

Employee's Report of Work Injury/Illness

INSTRUCTIONS:

1. Within 8 (eight) hours of the injury or illness complete and return form to Risk Management.
2. Continue your medical treatment as prescribed by the treating medical provider. You must submit a copy of your medical status to Risk Management.

I. INJURED/ILL EMPLOYEE

Name _____		SSN _____	Date of Birth _____
Home Address: _____			
_____		Number & Street _____	City _____
Home Phone _____		Work Phone _____	
Working Title _____		Department _____	
Supervisor's Name _____		Phone _____	
Date and Time of Accident/Injury or Onset of Illness _____			
Time Employee Began Work _____		Last Day Worked (Day of Week and Month/Day) _____	
Work days: Mon Tues Wed Thu Fri Sat Sun Work schedule: _____ am pm TO _____ am pm			

II. FACTS RELATED TO INJURY/ILLNESS

Location of Accident _____		Address & Building _____	City _____	County _____
Accident Reported to _____		Date & Time Accident Reported _____		
Part(s) of the Body Injured/Affected _____				
Did injury/illness result in First Aid? No Yes				
Was an outside agency/person responsible? No Yes If so, who? _____				
Were other employees injured? Yes No If yes, who? _____				
Name(s) of Witness(es) _____				
Describe how the accident/injury/illness occurred _____				

What action can be taken, if any, to prevent this type of injury/illness/accident? _____				

Employee's Signature _____ Date _____

Note: It is a felony for anyone to file a false or fraudulent statement or to submit a false report or any other document for the purpose of obtaining Workers' Compensation benefits. Anyone caught performing these illegal acts will be prosecuted to the full extent of the law. If convicted, the person could face up to 5 years in prison and/or a fine up to \$50,000.



INDUSTRIAL DISABILITY PLAN FACT SHEET

Employee Name: _____
Date of injury: _____ First date of Lost Time: _____

Outlined below are highlights of the four available industrial disability plans available to PERS members. Non-members are eligible for Temporary Disability only. Please review the information provided on each of the plans. You will be selecting one of these plans to cover you for this industrial injury.

In each case, the benefit is available after serving a **three calendar day** waiting period. The waiting period is waived if:

- 1) Time lost exceeds **14 calendar days**
- 2) The injury/ Illness is caused by a criminal act of violence against you
- 3) You are hospitalized

You have fifteen days from the mailing of the notice of benefits eligibility to notify Human Resources that you elect Workers' Compensation Temporary Disability benefits with or without supplementation rather than Industrial Disability Leave (IDL) benefits with or without supplementation. If you do not respond within the requested time limits, you shall be placed on Industrial Disability Leave Basic.

If you are released to return to work, and subsequent physical therapy or doctor's appointments are made during normal work hours, leave credits must be charged.

Industrial Disability Leave Basic

Industrial Disability Leave (IDL) Basic is a benefit that pays up to 22 working days at "full pay". If time lost should exceed 22 working days, the IDL benefit drops to 2/3 of your normal monthly gross salary. IDL is available to you for a maximum of 52 weeks within the two year period beginning with your first day of lost time.

Should your period of disability exceed the maximum period of IDL benefit eligibility, you will be placed on "Temporary Disability with Leave Credit Supplementation" effective the day after exhaustion of IDL. However, in order to be eligible for supplementation, you must have enough leave credits to cover a full month's pay.

While on Industrial Disability Leave, your leave credits continue to accrue and you receive full PERS service credit. **No** taxes/ FICA are paid since IDL is a benefit and not considered taxable wages. Benefits and miscellaneous deductions (excluding tax shelter annuity and deferred compensation deductions) will be taken from your IDL check (s).

Industrial Disability Leave Basic with Sick Leave Supplementation

Industrial Disability Leave (IDL) Basic is a benefit that pays up to 22 working days at "full pay". If time lost should exceed 22 working days, the IDL benefit drops to 2/3 of your normal monthly gross salary. IDL is available to you for a maximum of 52 weeks within the two year period beginning with your first day of lost time.

This plan allows you to supplement the 2/3 IDL payments with sick leave. Although sick leave continues to accrue each month, only the sick leave available as of the first day of lost time is allowed to be used. You are eligible to choose this option only if your available sick leave provides, in combination with IDL,

an amount equal your regular daily salary or wage. (There is an exception if you apply for catastrophic leave.) The supplementation payments are subject to tax/ FICA withholdings.

Your sick leave balances as of _____ is/was _____ hours. Eligible ? ____ Yes __ No

IDL Plan Fact Sheet
Page 2

Temporary Disability

Temporary Disability (T.D.) is a benefit that pays the employee a flat daily rate for each calendar day of lost time. The temporary disability rate is determined by multiplication of the average weekly earnings by two-thirds. The minimum is the lesser of 100% of the average weekly wage or \$126 per week and a maximum of \$602 per week set by state law for injuries occurring on or after January 1, 2003. The TPA (Third Party Administrator) will compute your daily T.D. rate.

While on Temporary Disability, you are accruing leave credits. However, you receive no PERS service credits. T.D. payments are non-taxable. Also, no benefit deductions or miscellaneous deductions are paid, but payments, including the state share, may be made directly by you.

Temporary Disability with Leave Credit Supplementation

This plan allows you to supplement your T.D. check(s) received by the TPA with your available leave credits. The amount of supplementation received depends upon how many hours of leave credits are available to you each month.

The supplementation payments are subject to tax/ FICA withholdings, and may or may not be subject to PERS withholdings, depending upon the gross amount to be paid. In no case do you earn full state service credits while on this plan, but arrangements can be made by you with PERS to pay back the additional retirement amount due. While on T.D. with Supplementation, you continue to accrue leave credits. Benefits deductions and miscellaneous deductions are taken if there is a sufficient amount of supplementation being paid.

Please select an industrial disability plan by placing your initials on the line next to the description of the plan of your choice.

I have reviewed and understand the "Industrial Disability Plan Fact Sheet". I understand that I am required to notify payroll if I begin to receive Social Security Disability Benefits.

Signature: _____

Date: _____

**Please return completed form to the Risk Management
 Attn: Workers' Compensation Coordinator (510-885-3634)**

Reviewed by:

Human Resources Representative

Date

Appendix D

DESCRIPTION OF BENEFITS AVAILABLE	Workers' Compensation Temporary Disability*	Workers' Compensation Temporary Disability* with Supplementation of Applicable Leave Credits (Full or Partial)	Industrial Disability Leave	Industrial Disability Leave with Sick Leave Supplementation	
Who is eligible for benefits payments?	All CSU Employees.	All CSU employees with Available Leave Credits.	PERS & STRS members except for those included in Labor Code Section 4800.	PERS & STRS members except for those included in Labor Code Section 4800.	PERS & STRS members who are included in bargaining unit 8.
How much will my benefit be?	*Amount varies; up to \$728 per week.	*Amount varies; up to \$728 per week - plus Supplementation Leave Credits up to full pay.	Amount varies; full net pay for 22 working days; 2/3 gross pay thereafter less discretionary deductions.	Amount varies, may supplement to full net pay for as long as leave credits last.	Full net pay for 52 weeks, 365 calendar days from the date of injury or illness.
How are my medical bills to be paid?	Sedgwick Claims Management Services pays for all eligible hospital, medical and surgical expenses.	Sedgwick Claims Management Services pays for all eligible hospital, medical and surgical expenses.	Sedgwick Claims Management Services pays for all eligible hospital, medical, and surgical expenses.	Sedgwick Claims Management Services pays for all eligible hospital, medical, and surgical expenses.	Sedgwick Claims Management Services pays for all eligible hospital, medical, and surgical expenses.
How long will benefits be provided?	Until able to return to work (240 weeks within 5 years from date of injury maximum).	Until able to return to work (240 weeks within 5 years from date of injury maximum).	Until able to return to work (52 weeks within 2 years from first date of disability). After expiration, you may be eligible for Workers' Compensation Temporary Disability.	Until able to return to work (52 weeks within 2 years from first date of disability). After expiration, you may be eligible for Workers' Compensation Temporary Disability.	Until able to return to work or 365 calendar days from date of injury. After expiration, you may be eligible for Workers' Compensation Temporary Disability.
Does the CSU contribution to your health insurance premium continue?	No. You must pay full premium directly to carrier to maintain coverage.	CSU contribution continues.	CSU contribution continues.	CSU contribution continues.	CSU contribution continues.
Do you continue to receive service credit for vacation, sick leave and seniority?	You continue to receive full credit.	You continue to receive full credit.	You continue to receive full credit.	You continue to receive full credit.	You continue to receive full credit.
Do you continue to make PERS contribution?	Your option. If you wish to continue membership you must pay directly to PERS.	You make PERS contributions on the leave credit portion of pay. You may pay remainder directly to PERS.	You continue to make your full PERS contribution.	You continue to make your full PERS contribution.	You continue to make your full PERS contribution.
How will disability benefits from other sources affect my benefits?	No effect.	No effect.	Your benefit may be reduced if you receive other benefits.	Your benefit may be reduced if you receive other benefits.	Your benefit may be reduced if you receive other benefits.
Is vocational rehabilitation available?	Vocational rehabilitation is a benefit available for injuries prior to 2004.	Vocational rehabilitation is a benefit available for injuries prior to 2004.	Vocational rehabilitation is a benefit available for injuries prior to 2004.	Vocational rehabilitation is a benefit available for injuries prior to 2004.	Vocational rehabilitation is a benefit available for injuries prior to 2004.
*Please refer to Labor Code for most recent amount					

Disability Payment / Deductions

IDL = Industrial Disability Leave

TD = Temporary Disability

Type of Deduction	IDL @ Full Salary*	IDL @ 2/3 Salary	IDL @ 2/3 Salary with 1/3 Supplementation**	TD***	TD w/ Supplementation**	Police Officer (Unit 08)
						Enhanced IDL @ Full Salary
Federal / State Income Taxes	No	No	Yes ¹	No	Yes ¹	No
Retirement	Yes	Yes	Yes	No	Yes ¹	Yes
Social Security / Medicare	No	No	Yes ¹	No	Yes ¹	No
Medicare	No	No	Yes ¹	No	Yes ¹	No
Garnishments (exceptions)	No	No	Yes ¹	No	Yes ¹	No
Order assigning salary or wages for Support	Yes	Yes	Yes	No	Yes ¹	Yes
Voluntary Child Support	No	No	Yes ¹	No	Yes ¹	No
Earning Withholding Order for Support	Yes	Yes	Yes	No	Yes ¹	Yes
Dues/FairShare	Yes ²	Yes ²	Yes ²	No	Yes ¹ Yes ²	Yes ²
Deferred Compensation [457 or 401(k)]	No	No	Yes ¹	No	Yes ¹	No
Tax Shelter [403(b)]	No	No	Yes ¹	No	Yes ¹	No
Misc. Voluntary Deductions (After Tax: Bonds, Scholar Share, Auto Ins., Life Ins.)	Yes	Yes	Yes	No	Yes ¹	Yes
Pre-TAX Plans (HRCA, DCRA, TAPP, Parking)	No	No	Yes ¹	No	Yes ¹	No

Note: Parking deductions may be temporarily stopped due to a disability that exceeds an entire month. Contact the Accounting Office at (510) 885-3767

Direct Deposit will be cancelled while on IDL. Employee should contact the Payroll Office regarding the process for enrolling into the Direct Deposit Program when reinstated from an IDL leave to their pre-disability timebase.

Yes¹ If the gross amount from the supplementation is sufficient, these deductions will automatically continue.

Yes² Deducted automatically unless employee not covered by Collective Bargaining Agreement.

* First 22 days if IDL Paid at Full Salary

** With Supplementation (Sick leave)

*** Payments are mailed directly from the Workers Compensation Carrier.



Work Activity Analysis

NAME OF EMPLOYEE	POSITION TITLE/CLASS CODE
LOCATION/DEPARTMENT	WORK SCHEDULE/TIMEBASE
COMPLETED BY (NAME/TITLE)/PHONE	
I. PURPOSE OF JOB	
II. JOB FUNCTIONS	
<p><u>Supervisor</u>, based on job functions, please add or delete task boxes as needed.</p> <p><u>Physician</u>, please review the following tasks and demands. Indicate for each task, and at end of this form, which tasks the patient can perform at present.</p>	
Job Function Description	Primary Demands
TASK #1. Physician: <input type="checkbox"/> Task Appropriate Now <input type="checkbox"/> Task Not Appropriate Yet	
TASK #2. Physician: <input type="checkbox"/> Task Appropriate Now <input type="checkbox"/> Task Not Appropriate Yet	

TASK #3. Physician: <input type="checkbox"/> Task Appropriate Now <input type="checkbox"/> Task Not Appropriate Yet	
TASK #4. Physician: <input type="checkbox"/> Task Appropriate Now <input type="checkbox"/> Task Not Appropriate Yet	
III. REQUIRED PRODUCTIVITY	
IV. WORK SCHEDULE REQUIREMENTS	
COMMENTS:	
_____ Supervisor/Administrator/Chair Signature Date	Received by Risk Management: _____

FOR OFFICE USE ONLY

PHYSICIAN SECTION: PLEASE FILL OUT COMPLETELY

Physician, please review the tasks and demands outlined on this form. Indicate below which tasks patient can perform at present.

- ☐ ➤ I release the employee to all of the tasks listed above.
- ☐ ➤ I release the employee to only Task Nos. ____, ____, ____, ____, ____, ____, with the following functional limitations and restrictions: **This information is considered confidential and will be released only on a strict "need to know basis."**

- ☐ ➤ I cannot release the employee to any of the above tasks at this time. The employee's functional limitations and restrictions are as follows: Please list or attach limitations to this form. **This information is considered confidential and will be released only on a strict "need to know basis."**

An appointment to review the patient's condition further is scheduled for (Review Date):

Physician's Signature:

Signature Date:

Appendix F

Risk Management, SA 4701 25800 Carlos Bee Boulevard, Hayward, CA 94542
(510) 885-4227 Fax (510) 885-4908

Work Activity Analysis

NAME OF EMPLOYEE	POSITION TITLE/CLASS CODE Administrative Operations Analyst
LOCATION/DEPARTMENT	WORK SCHEDULE/TIMEBASE Monday – Friday 8:00 a.m. – 5:00 p.m. (Full-time)
COMPLETED BY (NAME/TITLE)/PHONE	
I. PURPOSE OF JOB Responsible for organizing and coordinating a wide variety of functions and performing various administrative and technical duties in support of a large, complex academic unit.	
II. JOB FUNCTIONS <u>Supervisor</u> , based on job functions, please add or delete task boxes as needed. <u>Physician</u> , please review the following tasks and demands. Indicate for each task, and at end of this form, which tasks the patient can perform at present.	
Job Function Description	Primary Demands
TASK #1. 90 % Daily Interpret, analyze, advise, monitor, recommend and problem solve various departmental/school/university procedures and policies; prepare reports, written materials and questionnaires; manage the department and program budget, including reconciling budget transactions; create cost analysis and needs assessment; coordinate and approve transactions; coordinate personnel processes; assist and coordinate recruitment for paid and volunteer teaching assistants; initiate, coordinate, interview, hire, train, supervise and evaluate all clerical help; supervise department's communication systems; interpret, analyze, monitor, recommend and problem solve Student Registration and Advisement; extract and manipulate data from campus scheduler; coordinate, update and edit departmental changes in catalog; serve as resource on policies and procedures. Physician: <input type="checkbox"/> Task Appropriate Now <input type="checkbox"/> Task Not Appropriate Yet	<input checked="" type="checkbox"/> Frequent to continuous sitting on office chair, for up to 2 hours at one time. <input checked="" type="checkbox"/> Continuous use of hands to operate telephone and computer equipment. <input checked="" type="checkbox"/> Occasional twisting, reaching at desk level, pushing and pulling. <input checked="" type="checkbox"/> Must be able to see, hear and speak English. <input checked="" type="checkbox"/> Environmental: 100% inside; exposure to dust, fluorescent lighting, office noise. <input checked="" type="checkbox"/> Must be able to handle multiple demands, remain calm under pressure, organize time and personnel.
TASK #2. 2% As needed Monitor, reconcile and maintain personnel payroll/attendance records; disperse pay checks. Physician: <input type="checkbox"/> Task Appropriate Now <input type="checkbox"/> Task Not Appropriate Yet	<input checked="" type="checkbox"/> Frequent to continuous sitting on office chair, for up to 1 hour at a time. <input checked="" type="checkbox"/> Occasional and intermittent walking and standing within work area. <input checked="" type="checkbox"/> Continuous use of hands including grasping, fine manipulation, pushing, pulling.

TASK #3. 2% Quarterly Coordinate and oversee arrangements for a variety of department activities; maintain mailing lists, coordinate mailings, complete forms and prepare announcements. Physician: <input type="checkbox"/> Task Appropriate Now <input type="checkbox"/> Task Not Appropriate Yet	✓ Frequent to continuous sitting on office chair. ✓ Occasional reaching, twisting, pushing and pulling. ✓ Occasional and intermittent standing and walking for up to 30 min. at one time, within work area and across campus, even and uneven ground. ✓ Occasional lifting/carrying of up to 10 lbs. at waist level. ✓ Continuous use of hands for grasping, twisting, fine manipulation. ✓ Environmental: An event may be inside or outside; exposure to weather.
TASK #4. 2% Weekly Attend, provide resource, recommend and advise on policies and procedures; records, transcribes, publishes and distributes department meetings. Attend and participate on departmental committee meetings. Physician: <input type="checkbox"/> Task Appropriate Now <input type="checkbox"/> Task Not Appropriate Yet	✓ Continuous sitting on office chair for up to two hours at one time. ✓ Frequent hand manipulation. ✓ Environmental: 100% inside.
TASK #5. 4% Daily Supervise full-time staff and student assistants Physician: <input type="checkbox"/> Task Appropriate Now <input type="checkbox"/> Task Not Appropriate Yet	✓ Occasional and intermittent sitting, standing and walking within work area. ✓ Occasional hand manipulation. ✓ Environmental: 100% inside.
III. REQUIRED PRODUCTIVITY No specific productivity required beyond meeting expectations of employer. Must meet department, school and university deadlines.	
IV. WORK SCHEDULE REQUIREMENTS Workers perform 8-hour work shifts.	
COMMENTS:	
Supervisor/Administrator/Chair Signature _____ Date _____	Received by Human Resources: _____

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PHYSICIAN SECTION: PLEASE FILL OUT COMPLETELY

Physician, please review the tasks and demands outlined on this form. Indicate below which tasks patient can perform at present.

- ☐ ➤ I release the employee to all of the tasks listed above.
- ☐ ➤ I release the employee to only Task Nos. ____, ____, ____, ____, ____, ____, with the following functional limitations and restrictions: **This information is considered confidential and will be released only on a strict "need to know basis."**
- ☐ ➤ I cannot release the employee to any of the above tasks at this time. The employee's functional limitations and restrictions are as follows: Please list or attach limitations to this form. **This information is considered confidential and will be released only**

on a strict "need to know basis."

An appointment to review the patient's condition further is scheduled for (Review Date):

Physician's Signature:

Signature Date:

Instructions for Completion of Employee's Description of Job Duties (DWC RU-91)

Appendix G

Please take the time to fill out the form to the best of your ability. This information will be provided to the physician. A glossary of some of the terms taken from the Dictionary of Occupational Titles and other sources are included to help you. Please forward the completed DWC Form RU-91 form to the Workers' Compensation Coordinator, Risk Management SA 4701 (510) 885-4227 or (510) 885-4908.

Glossary

Balancing: Maintaining body equilibrium to prevent falling when walking, standing, crouching, or running on narrow, slippery, or erratically moving surfaces; or maintaining body equilibrium when performing gymnastic feats.

Bending: Forward motion of the upper body from the waist.

Carrying: Transporting an object, usually holding it in the hands or arms, or on the shoulder.

Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles, ropes, and the like, using the feet and legs and/or hands and arms.

Controls: Entail the use of one or both arms or hands and/or one or both feet or legs to move controls on machinery or equipment. Controls include, but are not limited to, buttons, knobs, pedals, levers, and cranks.

Fine Manipulation: Picking, pinching, or otherwise working with the fingers primarily (rather than with the whole hand or arm as in handling).

Kneeling: Bending the legs at the knees to come to rest on the knee or knees.

Lifting: Raising or lowering an object from one level to another (includes inward pulling).

Power grasping: Use of fingers, palm and wrist to hold and/or manipulate objects (hammers, saws, etc.) the instrument cannot be easily pulled from the grasp.

Pulling: Exerting force upon an object so that the object moves toward the force (includes slapping, striking, kicking, and treadle actions).

Simple grasping: Use of the fingers primarily to hold and/or manipulate objects (pencils, pens, etc.)

Sitting: Remaining in a seated position.

Squatting: Bending the body downward to rest the buttocks on the heels of the feet or back of the legs.

Standing: Remaining on one's feet in an upright position at a workstation without moving about.

Twisting: Movement of the body in a sideways motion either seated or standing.

Walking: Moving about on foot.



Return-to-Work Agreement

This agreement is to document the modified work or alternative work arrangements made in order to allow the employee named below to continue to work while recovering from an injury or illness. The purpose of this agreement is to facilitate recovery, prevent deterioration of work skills, and return the employee to work as soon as medically possible. The attached work assignment was prepared in order to accommodate the temporary modified or alternative work restrictions provided by the employee's treating physician.

Please find the following attachments (check ☒ appropriate documents):

- ☐ Work Activity Analysis
- ☐ Description of Employee's Job Duties (DWC RU-91)
- ☐ Medical documentation of work restrictions without diagnosis
- ☐ Employee Information Sheet

All parties understand that they need to strictly adhere to these work restrictions.

Employee: _____
Department: _____

Job Title: _____
Supervisor: _____

1. This **Return-to-Work Agreement** will be from _____ to _____ (please specify dates-typically not more than 90 days unless approved by Workers' Compensation Coordinator).
2. This **Return-to-Work Agreement** will be reviewed with the employee and updated, if necessary, on the following date: _____ (e.g., midpoint date).
3. Employee confirms that he/she received a copy of the **Employee Information Sheet**.

Initials

It is understood that these are temporary arrangements designed to allow California State University, East Bay employees to continue to work while recovering from an illness or injury. This **Return-to-Work Agreement** does NOT represent a permanent change of duties or responsibilities. It is understood that any situations that may arise during this transitional work period shall be discussed between the supervisor and employee. If assistance is needed, please contact the Workers' Compensation Coordinator in Risk Management at (510) 885-4227.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Workers' Compensation Coordinator: _____ Date: _____

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University's Disability Compliance Officer:

Date:



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Return-to-Work Transitional Employment Plan

Employee Name		Department	
Job Title/Class		Timebase	
Supervisor		Phone	
Physical Capacities/Restrictions: ▪ ▪ ▪			
Attachments: <input type="checkbox"/> Description of Employee's Job Duties <input type="checkbox"/> Medical documentation w/restrictions w/o diagnosis <input type="checkbox"/> Employee Information Sheet			
Specifications			
Date Restrictions Began	Start Date	End date	Next Review Date
Describe job and/or specific tasks:			
Describe schedule (hours per weekday and days per week), including progression schedule, if applicable: Monday – Friday (40 hours) <ul style="list-style-type: none">▪ Start/End Time: 7:00 a.m. – 4:00 p.m.▪ Break: 15 min. every 3 hours▪ Lunch: 12 noon▪ Recommend no overtime			
Special considerations:			
The Return-to-Work transitional employment plan and employee information sheet have been reviewed and discussed with me to clarify any questions I may have. I have been provided a copy of both above-named documents. A copy of these documents will be retained by my supervisor. Should I experience any difficulties while performing transitional work, I will immediately contact my supervisor.			
Employee Signature		Date	
I have reviewed and discussed the Return-to-Work transitional employment plan and employee information sheet . In addition, I have provided the employee with copies of these documents.			
Supervisor signature		Date	

Workers' Compensation Coordinator	Date Received:
Distribution Original: Risk Management Copies to: Employee and Supervisor	



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Return-to-Work Employee Information Sheet

California State University, East Bay values its employees and their contributions; therefore, the University strives to provide an injured or disabled employee the opportunity to return to work as soon as his/her condition permits. Transitional work allows an employee with temporary work restrictions to work in a modified, alternative, or reduced-hours capacity on a temporary basis, while recuperating from an illness or injury.

Your treating physician has released you for transitional work and your department can accommodate your work restrictions. Depending on the nature of your work restrictions, your transitional work may or may not be that different from your regular job.

Your supervisor will discuss the details of your transitional work plan with you. These details will be documented in a **Return-to-Work Agreement** so that your supervisor and you will both have a clear understanding of your job duties and/or work restrictions. Please remember that this is not a permanent position; it is only temporary.

If your transitional job is full-time, you will receive your regular pay and benefits during your transitional assignment. If you have only been released to work on a part-time basis, your pay, benefits, and hours will be adjusted accordingly.

To ensure a successful return to work, your cooperation is vital. You need to be an active participant in this program to make it work. Therefore, the following provides some guidelines for you to follow:

- Follow the work restrictions recommended by your physician. If asked to perform a task that exceeds your restrictions or you feel unable to perform a task, it is your responsibility to immediately notify your supervisor.
- Follow all work and safety rules at the location of your modified or alternative work assignment.
- Total working hours are not to exceed physician recommendations.
- Notify your supervisor by the start of your shift if you are unable to report to work for any reason.
- Try to schedule doctor and physical therapy appointments at time when you are not scheduled to work. If you must leave work, you must receive prior approval from your supervisor.
- Perform your modified or alternative work duties in a professional and responsible manner, just as you would in your regular position.
- Once you are returned to work but are still under the care of a physician, the CSU policy states-- "If an employee loses work time for doctor's appointments, physical therapy, medical procedures ...such absences shall be charged to the employee's leave credits".

- Notify your supervisor and Human Resources immediately, and provide medical documentation, if your physician:
 - Takes you off of work.
 - Changes your work restrictions.
 - Releases you to your regular position without work restrictions.

If you have any questions or concerns with the **Return-to-Work Program**, please contact your supervisor or the Workers' Compensation Coordinator in Risk Management at (510) 885-4227.