

OYSTER RIVER COOPERATIVE SCHOOL BOARD	Policy Code: GBGD-R
School Board First Read: March 20, 2013 Back to Policy Committee: September 24, 2013 School Board Second Read Adoption: November 6, 2013	Page 1 of 1

WORKERS' COMPENSATION TEMPORARY ALTERNATIVE WORK PROGRAM – PROCEDURE

The Temporary Alternative Work Program will be available to employees for a period of time extending as long as the circumstances of the illness/injury requires. The program is not intended to address those situations in which an employee has been deemed by his or her attending physician to be incapable of performing the essential functions of the position, with or without reasonable accommodations.

- A. An ill/injured employee will be responsible to obtain a New Hampshire Workers' Compensation Task Analysis and a copy of his/her current position when reporting the injury. Forms may be obtained from the Building Principal. If the nature of the injury or illness is such that emergency need for care precludes obtaining the above forms, then the employee shall, as soon as possible call the Building Principal to request that an analysis and position description be mailed to the employee or his/her treating physician.
- B. The treating physician and the ill/injured employee will share the responsibility of providing the School District the NH Workers' Compensation Medical Form. This form provides information relating to the employee's capabilities necessary to structure a temporary duty program.
- C. The Building Principal will work with the employee to facilitate a safe return to work program within limitations listed by the treating physician. If necessary, the Building Principal may contact the treating physician for additional information.
- D. After each subsequent visit, the ill/injured employee will be responsible for providing an updated medical form completed by the treating physician and returned to the Building Principal.
- E. Additional modifications will be made to the return to work program as required. The Building Principal will be responsible for reviewing the appropriateness of continuing the program or duty assignments, including, but not limited to, extending the program beyond four (4) months, as necessary.
- F. Upon the written approval of the employee's attending physician, the employee may resume their regular position if the employee is capable of performing the essential functions of the position with or without reasonable accommodations.

Cross Reference:

GBGD – Workers' Compensation Temporary Alternative Work Program
GBGD-R1 – Temporary Alternative Duty Program Acknowledgement Form