

# **The County of Scotland Transitional Duty Policy**

## **A. PURPOSE**

This policy defines the County of Scotland's Transitional Duty Program for employees who are injured on the job.

## **B. POLICY/MISSION STATEMENT**

It is the policy of the County of Scotland to effectively manage workers' compensation losses and invoke cost containment measures for workers' compensation claims while maintaining the working status of our employees.

The aim of this program is to provide employment after the onset of a work related injury, accident, or illness; allowing for reasonable accommodations and/or alternative positions within the county based upon any restrictions established by the Authorized Medical Provider. Transitional duty is a temporary accommodation.

Our goal is to return all employees if possible to their original employment classifications within the timeframe of the program. If the injured worker is not able to return to his/her original position, an alternative assignment may be pursued.

## **C. ELIGIBILITY and ENTRY GUIDELINES**

The Transitional Duty Program is available to any employee who sustains a work-related injury, occupational disease or illness that is likely to result in lost time from the job. Each transitional duty assignment will be treated independently of others. The injured worker must have the potential per the authorized medical provider to return to his/her regular full duty assignment, his/her original job with permanent modifications or another targeted job by the end of the transitional duty assignment. Employees who are expected to have a temporary period of job performance limitations (defined as a limitation that is anticipated to last no more than ninety (90) calendar days) will be considered for participation in the program. Employees must also meet all of the following criteria:

1. The employee must have had a work related injury, accident, or illness.
2. Has been released by the authorized medical provider to participate in a Transitional Duty Program.
3. Has the potential of returning to his/her original job, original job with permanent modifications, or another targeted job that may be identified and performing the essential job functions after recovery.

## **D. DEFINITIONS**

1. Transitional Duty: A temporary work assignment designed to meet the employee's physical work restrictions during a period of recovery from a work-related injury or illness. The assignment may or may not be in the employee's regular department. This goal of the temporary work assignment is to progress an employee back into a permanent position.

The goal is to return the injured employee to his her regular full-duty job as soon as medically approved.

2. Temporary Period of Work Restriction: A work restriction that is anticipated to last no longer than ninety (90) calendar days.
3. Authorized Medical Provider: A medical provider who has been designated to provide medical care and /or medical opinions for employees with work-related injuries or illnesses and returning employees to the workplace in a timely manner.
4. Medical Only: Workers' compensation claims that are categorized as medical only because the injured worker did not lose any time from work and has only received medical treatment for his/her injury.
5. Transitional Duty Committee: Monitors the transitional work participants to identify modified duty work tasks, to ensure that the policy is adjusted, as the County's needs change, to provide disagreement, assist with program evaluation, and to educate the County about the program. The Transitional Duty Committee will once a year to review the Transitional Duty Program. The members of the Committee are made up of the following individuals:
  - Worker's Compensation Coordinator/Risk Manager
  - Personnel Director
  - Department Heads
  - County Manager
  - Worker's Compensation Carrier Representative (on an as needed basis)
6. Transitional Duty Team: Monitors the progress of the injured employee who participates in the program with the goal of decreasing the restrictions and increasing work tasks to full duty. The Transitional Duty Team is made up of the following individuals:
  - Injured employee
  - Worker' Compensation Coordinator
  - Transitional Duty Coordinator's
  - Immediate Supervisor
  - Authorized Medical Provider
  - Field Case Manager (when applicable)

7. **Case Manager:** a person (as a social worker or nurse) who assists in the planning, coordination, monitoring, and evaluation of medical services for a patient with emphasis on quality of care, continuity of services, and cost-effectiveness.
8. **Disagreements:** If a disagreement arises out of either this Policy or the Transitional Duty Program, the employee may go to the Transitional Duty Team for review and a decision. If the Transitional Duty Team is unable to reach a decision, the Transitional Duty Committee will review all information and forward a recommendation to the appointing authority or designee for a final decision.

## **E. ROLES AND RESPONSIBILITIES**

The Transitional Duty Team is key to ensuring that the injured employee returns to full duty by monitoring the progress of each employee that participates. Communication will be done on an as needed basis.

1. **Injured Employee:** Report the injury to his or her supervisor immediately. Seek medical attention from the Authorized Medical Provider. The employee must provide the immediate supervisor and Worker's Compensation coordinator with a work release form from the authorized medical provider to participate in the Transitional Duty Program, and any restrictions the same day or one working day after seeing the authorized medical provider. Work with employer to create a transitional duty plan. Employee is responsible for maintaining regular, consistent attendance during the program. The employee must perform only those work tasks identified by the supervisor and/or the authorized medical provider as part of the Transitional Duty Program, while observing safe work practices. Follow the medical provider's plan of treatment, including prescription, referrals, etc. Attend scheduled follow up appointments with medical provider and provide updates to the employer regarding his or her medical treatment. The employee will complete all Transitional Duty Program agreement forms that will be provided by the WC Coordinator or Transitional Duty Coordinator. The forms may include the following.
  - Transitional Duty Program Participation Agreement (Appendix II)
  - TDP Employee's Rights and Responsibilities (Appendix I)
  - Return to Work Plan (Appendix IV)
  - Physician's Report/Pharmacy guide(Appendix III)
2. **Worker's Compensation (WC) Coordinator (Tiffany Flowers, Risk Manager):** Facilitates all case management activity. She is responsible for reviewing all forms to ensure that they are fully and accurately completed by the appropriate individual(s). She will forward the First Report of Injury to the Worker's Compensation Insurance Carrier within twenty-four (24) hours of the injury, or when possible, but no later than the close of the next working day. She will follow up with the Authorized Medical Provider the next working day after an injury if the necessary paperwork has not been returned. She will inform the Worker's Compensation Insurance Carrier of lost time injuries in order to facilitate a speedy return to work. She will

initiate and maintain contact with the injured employee, WC Insurance Carrier, and any medical personnel involved. She will be one of the main employer contacts for any rehabilitation professionals. She will be responsible for maintaining a thorough knowledge of worker's compensation reporting procedures. She will contact the WC Insurance Carrier to initiate filing the appropriate form when non-compliance is an issue. She will be responsible for evaluating the overall program and reporting progress and/or problems to the Transitional Duty Committee. She will be responsible for issuing the Offer of Transitional Duty Letter (Appendix VII) to the injured worker (by regular and certified mail when necessary).

3. **Transitional Duty Coordinator:** She/he will be responsible for providing the injured employee with an injury packet and Job Analysis/Description (if applicable) to be taken to the physician and returned. She/he will along with the Worker's Compensation Coordinator orient all new hires to the program. She/he will assist the WC Coordinator with monitoring the injured employee's progress and communicate regularly with the employee and others on the transitional duty team.
4. **Immediate supervisor:** Facilitates immediate medical treatment when necessary. The supervisor will report the incident, investigate the cause and initiate corrective workplace measures. Report the injury or event and provide your investigation documentation to the WC Coordinator. She/he will validate the job description and assist the WC Coordinator with placement of the injured employee by establishing modified work tasks with the WC coordinator and injured employee. She/he will be responsible for reinforcing that the employee is utilizing safe work practices and is performing only those tasks allowed in the Transitional Duty Program. If the employee is off of work for a period of time, the immediate supervisor will provide the employee support and encouragement. She/he will monitor the employee's progress and coordinate the return to work date with the WC Coordinator.
5. **Authorized Medical Provider (Scotland Memorial):** Complete clinical assessment to determine medical needs and develop a treatment plan. Establish an estimated length of disability, including the estimated time out of work, the estimated length or transitional duty work and the estimated time to return the employee to full employment. Develop a rehabilitation plan to support the injured employee in reaching and optimal functional level. Determine return to work capabilities and document written work status. The medical provider will provide work restrictions to the employer no later than twenty-four (24) hours after the initial visit, or the next working day.
6. **Worker's Compensation (WC) Insurance Carrier (Key Risk):** Responsible for making the initial determinations on the compensability of claims, to process claims, and to refer claims to the Industrial Commission for hearing. Responsible for the medical management of workers' compensation claims. They will assist in obtaining the restrictions and prescriptions as needed. They will monitor the claims to ensure that the injured worker is receiving appropriate medical care. They may provide assistance and strategies for handling difficult claims. They will assist in providing history of past claims and accidents to spot trends. A WC Carrier claims representative may recommend physicians, rehabilitation consultants, and other outside support.
7. **Case Manager (if applicable):** Complete assessment with the injured employee and employer to determine medical needs, current functional status and work capabilities. Set reasonable goals for returning to work. Assist the employer in identifying transitional duty

work opportunities. Consult with the medical provider to establish a treatment and rehabilitation plan to assist in the rehabilitation of the injured employee to return him or her to a pre-injury level of physical function. Obtain written work status. Facilitate the return to work process. Obtain transitional and regular duty job descriptions from the employer for the medical provider's approval. Verify success of the transitional duty job. Work with all parties toward a full duty release with expectations of time frame communicated to all parties.

## **F. PROCEDURES**

1. The injured employee will be advised that the County of Scotland has established a Transitional Duty Program. The Authorized Medical Provider, if not aware, should be provided with the job description and the Transitional Duty Policy. The employee will be made aware that the work assignments are made with feedback from the entire transitional duty team. The employee will complete the Participation Agreement (Appendix II) that identifies the restrictions and the transitional work duties as well as the employee's rights and responsibilities form. This agreement is signed by the employee, supervisor, the WC Coordinator. The supervisor, transitional duty coordinator, and WC Coordinator will maintain contact with the injured employee to ensure good communication and positive reinforcement. An emphasis should be made of the temporary aspect as well as the dynamic nature of the position and review the employee's progress at regular intervals.
2. The immediate supervisor, working with the employee and the Worker's Compensation Coordinator will identify assignments that may be accomplished while the injured employee has restrictions. In constructing a Transitional Duty assignment, the following will be considered:
  - a. The focus is on the employee's current skills rather than the task he/she cannot perform.
  - b. The value of the alternative work to the total work unit and to other employees will be considered, providing transitional work will be a meaningful assignment.
  - c. Task selection should include tasks not being done by others at the present time, jobs that are only done occasionally, tasks not being performed that, if assigned to someone on transitional duty, would allow co-workers time to accomplish additional work assignments.
  - d. Whenever possible, the injured employee should perform components of the original job or some other targeted job within his/her current physical abilities and restrictions as listed by the medical provider.
3. All injured employees in the Transitional Duty Program will comply with all personnel policies, procedures, and safe work practices. Employees are required to follow all injury reporting policies and procedures.
4. Procedures to follow when returning an injured employee back to work through the Transitional Duty Program.

- a. If the injured employee and/or the Authorized Medical Provider do not return the Physicians report (Appendix III), or an equivalent, the Worker's Compensation Coordinator contacts the Medical Provider.
  - b. If the injured employee has been given restrictions, the Transitional Duty team identifies work accommodations and initiates the Transitional Duty Program. Once the authorized medical provider has released the employee to full duty, the WC coordinator, immediate supervisor, and employee completes the Transitional Duty Completion/Closure form (Appendix V).
  - c. If the employee becomes eligible to receive weekly Worker's Compensation benefits, the WC Carrier will continue case management services to assist in the return to work. The case manager will contact the authorized medical provider again and request the appropriate return to work documents. Once the documents are received, the WC Coordinator will send the employee a certified letter advising him/her of the return to work date with a copy of the restrictions enclosed and the Transitional Duty Program will begin. If the physician does not feel that the employee is able to return to full duty work within the time frame established for the particular injury he may refer the injured worker to vocational services.
5. The employee will be paid at his/her normal rate of pay for the hours worked while participating in the Transitional Duty Program.
  6. If an employee refuses to participate in the Transitional Duty Program, the Worker's Compensation Coordinator and/or Transitional Duty Committee will follow up with the employee to determine his/her reasons for not participating. After determining the reasons, the WC Insurance Carrier may be notified of the employee's refusal to participate and Worker's Compensation benefits may be terminated.
  7. At the completion of the Transitional Duty Program, the employee will be given a copy of the TDP Completion/Closure (Appendix V).
  8. Overtime- Eligibility for employees involved in the Transitional Duty Program to work overtime will be determined on a case by case basis by the Transitional Duty Team. Injured employees may be denied overtime opportunities based on restrictions imposed by the medical provider or other factors
  9. County Insurance Benefits will continue during the period the employee is involved in the Transitional Duty Program and on active pay status.
  10. Reimbursement- The county will compensate employees involved in the Transitional Duty Program for the scheduled workday.
  11. Annual and Sick Leave accrual- employees involved in the Transitional Duty Program will continue to accumulate annual and sick leave as they did prior to the injury. However, if an employee usually accrues based on an average 42 or 56 hour work week and the transitional duty calls for a 40 hour work week or less their accrual will be based on the 40 hour work week for the duration of the transitional duty assignment.

## **G. LIMITATIONS**

1. The duration of each Transitional Duty Program assignment is based on medical need. Continuation of individual programs will require ongoing documentation of medical necessity. All participants will have their case reviewed by the Transitional Duty Team/Committee on an as needed basis. If a physical/occupational therapist is involved, the case will be reviewed weekly.
2. All Transitional Duty Program assignments will have a maximum duration of ninety (90) calendar days. The program period will begin with the date of release to limited or restricted work established by the authorized medical provider and will end upon the removal of the restrictions or at the end of the ninety (90) calendar day period, whichever occurs first. Unless extended by # 4 below.
3. Exit Closure Criteria: The Transitional Duty Program may be closed if the employee no longer meets the necessary requirements (medical instability, lack of progress, etc). The Transitional Duty Program may also be closed if employer is no longer able meet accommodations. The Transitional Duty assignment may be extended beyond ninety calendar days depending upon the circumstances of individual cases as determined by the Transitional Duty Team/Committee.
4. Extensions beyond the ninety (90) calendar day timeframe will be handled on an individual basis. Extensions will be given based upon medical necessity, released by the medical provider, and eligibility determined by the Transitional Duty Committee.

## **H. CONFIDENTIALITY**

All information discussed by the Transitional Duty Committee/Team regarding the specific injured worker will be held confidential and not disclosed to anyone other than those with a legitimate need to know.

## **I. ADMINISTRATION**

1. Misuse: An employee who misuses this benefit by not following specified procedures (as determined by the Transitional Duty Team Members), falsifying records, or the like, is subject to discipline, up to and including discharge from the Transitional Duty Program and may be subject to further disciplinary action in accordance with the County Personnel Policy.
2. Program Evaluation: The County will use a spreadsheet to track claim costs, cost savings, and the number of transitional workdays. The Transitional Duty Committee will review the program yearly and will consult with the Worker's Compensation Coordinator as needed. Program improvement and modifications to the Transitional Duty Program, if applicable, will be made as needed. This information will be shared with management, supervisors and employees payroll attachments.
3. Education/Training: The Worker's Compensation Coordinator and/or Transitional Duty Coordinator in the Department/Agency will be responsible for education to all new employees at orientation with regards to the Transitional Duty Program. Annual review will

also be provided to all employees by the WC Coordinator and/or other members of the Transitional Duty team. The WC Coordinator, Personnel Director, and/or the Transitional Duty Coordinators will provide management, supervisors, and employees with the initial training.

Approved: **The Scotland County  
Board of County Commissioners**

Date: **June 2, 2008**

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*Appendix 1*

**Employee's Rights and Responsibilities**

- ❖ You have the right to be treated fairly as the program is designed to provide you with work within your restrictions and return you safely to the work environment.
- ❖ You have the right to be a productive employee honoring your work restrictions and maintaining your employment and benefits while in the Transitional Duty Program.
- ❖ Take an injury packet to the medical provider on the first visit following the injury.
- ❖ Communicate with your medical provider that your employer has a transitional duty program and can accommodate most restrictions.
- ❖ Obtain your medical work restrictions from the medical provider.
- ❖ Upon returning to work, contact your immediate supervisor or Worker's Compensation Coordinator and provide them with your restrictions.
- ❖ Working with your immediate supervisor and the WC Coordinator, establish work duties that are within your restrictions.
- ❖ Communicate with your immediate supervisor any problems that occur during your transitional duty assignment.
- ❖ Meet with your immediate supervisor and the WC Coordinator at least monthly to review your progress and if possible, increase your work duties.
- ❖ Meet with your medical provider monthly to review your current restrictions and if possible increase what you are able to do.
- ❖ Attend all scheduled physician appointments and/or therapy sessions.
- ❖ Provide your supervisor with documentation of attendance of all off-site therapy and physician visits that take place during your work hours.
- ❖ Have your medical restrictions and information handled in the most confidential manner by all parties involved in your Transitional Duty Program.
- ❖ You are responsible to work within your restrictions and communicate to the WC Coordinator when job duties fall outside of those restrictions or cause you discomfort.
- ❖ You have the right to discuss your case with the Worker's Compensation Coordinator and provide your employer with any medical information, as it becomes available.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix II - Transitional Duty Agreement

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

I have been advised that my physical activities at work have been restricted.

ESTIMATED DURATION OF RESTRICTION: \_\_\_\_\_

DATE TO BE RE-EVALUATED: \_\_\_\_\_

I understand that the limitation(s) is as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By co-signing this agreement, the Manager/Supervisor acknowledges my restriction(s) and is able to accommodate my limitations or provide alternative work for me while I am on transitional duty.

I acknowledge that it is my personal responsibility to maintain my transitional duty status for as long as it is in effect. Therefore, if I am asked to perform a task which is outside of my restrictions, as outlined above, I must notify my Supervisor and Department Manager immediately to intervene.

I further acknowledge that should I perform activities outside my limitations, I may be subject to disciplinary action.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Department Manager

### Transitional Duty Refusal

I refuse transitional duty. My rights and benefits have been explained to me, and I understand my workers compensation temporary disability benefits may be terminated.

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Department Manager

\_\_\_\_\_  
Date

## Appendix III – Physician's Report / Pharmacy Guide

### Physician's Report / Pharmacy Guide

**EMPLOYER, PLEASE COMPLETE**

Name of Employee/Patient: <b>Last:</b>	Name of Employee/Patient: <b>First:</b>
Date Of Injury:	Social Security Number:
Name of Employer / Company:	
Employer Signature:	Name of Doctor chosen:

**Employer:** Prior to using this form for an injured employee, briefly identify activity that would meet possible work restrictions. See your **Transitional Duty Guide / Job Descriptions** for examples. Attach a copy of the employee's job description for the physician's review. Work with your **Key Risk Professional**.

Sedentary	Light	Medium	Heavy

**AUTHORIZED PHYSICIAN, PLEASE COMPLETE**

\_\_\_\_\_ has been treated today for \_\_\_\_\_

A post accident drug test (check one)  has been completed  has not been completed  
 In accordance with this patient's physical capability, check all that apply:

- May resume work immediately, no restriction.
- May resume work immediately with the following restrictions:
  - Sedentary work (sitting, occasional walking, standing, lifting less than 10 pounds)
  - Light work (lifting less than 20 pounds)
  - Medium work (lifting less than 50 pounds)
  - Heavy work (lifting less than 100 pounds)
- Patient is released to work:
  - Normal shift
  - Repetitive Motion Restrictions

Frequency	Left	Right
Occasional <33% of time		
Frequent 34-66% of time		
Constant 67-100% of time		

- Patient may return to work at full duty on (date) \_\_\_\_\_
- Patient has a return appointment on (date) \_\_\_\_\_ at (time) \_\_\_\_\_

Please indicate any referrals that are required: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Physician's Name (type or print) \_\_\_\_\_

**Be sure to contact Key Risk's Claim Department at 1-866-847-8872 for authorization for the referral.**

CHAIN NAME	INDEX NAME	CHAIN NAME	INDEX NAME	CHAIN NAME	INDEX NAME	CHAIN NAME	INDEX NAME
Bi-Lo Pharmacy	input code: TMS	Horizon Pharmacy	TYS	Revco drugs	TMWC	VIX Pharmacy	carrier code: TME
Bi-Mart	index: TMESYS	HyVee Drugtown	index: bin # in 3rd party set up	Rite-Aid drugs	TMESYS	Walgreen's	carrier code: TMEWC
Brooks Drugs	Code: TME	J & J Pharmacy	TCS	RX Discount Pharmacy	input code: ME	Wal-Mart phcy	carrier: TME
Brookshire Brothers	Condor Code: 2050	Joel & Jerry's	index: TME	Sack-n-Save	plan#: 6012 or 5097	Wegman Pharmacy	carrier code: TME
Cub Pharmacy	Carrier Code: TYS	Kash N Karry	plan: TYS	Sav-A-Lot	60	Winn-Dixie	index: TME (plan 2066)
CVS Drugs	Condor Code: 8822	Kerr Drugs	TMESYS	Sams Club Pharmacy	carrier code: TME		
Drug Emporium	TYS	K-mart phcy	Carrier code: TYS	Save Mart	Carrier code: TYS		
Eckerd's (all others)	Terminal plan: 2801	Long's Phcy	plan: #1, TMES	Stop N Shop	146		
Franck's Pharmacy	price code: TM	Medicine Shoppe	varies by each store system	Super D	Plan name: 332		
Fred Meyer	TYS	Medistal Phcy	Condor code: 2425	Super Valu	carrier code: TYS		
Fred's Pharmacy	TMESYS	Milner-Rushing Drugs	compensation as Tom Ashley	Super X (HSI)	index: TME		
Giant Pharmacy	TMESYS	Pathmark Pharmacy	TYS	Tom Thumb Phcy	gdx code: TMS		
Goodings	TME index D, bill code TME	Perry Drg Str	index: TS	Tops Pharmacy	access code: TI		
Hannaford Food & Drug	index: TYS	Phar-Mor	TYS	Tri Daly Drugs	Carrier code: TMS		

  
**\*ALL PARTICIPATING PHARMACIES HAVE NOT BEEN INCLUDED ON THIS LIST. PLEASE HAVE YOUR PHARMACY CALL TMESYS REGARDING ANY QUESTIONS/AUTHORIZATIONS (800) 964-2531.**

*Appendix IV – Return to Work Plan Template*

RETURN TO WORK PLAN		
<b>EMPLOYEE NAME:</b> (Last)		(First)
<b>PHYSICIAN:</b>		<b>DATE:</b>
<b>GOAL:</b> Return to regular duties		<b>START DATE:</b>
		<b>COMPLETION DATE:</b>
<b>Limitations:</b>		
<b>Accommodation(s):</b>		
<b>Hours of work:</b>		
<b>Location of work:</b>		
<b>Supervisor:</b>		
<b>DATE:</b>	<b>DUTIES:</b>	<b>FOLLOW-UP:</b>

If you have any problems with the duties or your progress please contact your manager/supervisor or your workers compensation coordinator immediately.

I have read the above return to work plan and agree to follow this plan:

Employee Signature: \_\_\_\_\_

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

Employee Name: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

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

Manager Name: \_\_\_\_\_

***Appendix V - Transitional Duty Program Completion/Closure***

**To:**

**Department:**

**Date:**

Your participation in the Transitional Duty Program has ended due to the following reason(s):

You have been released to return to full duty on \_\_\_\_\_.

You have not complied with the Physician's restrictions.

Your medical conditions have become unstable.

Your physician has found you to be temporarily disabled from work.

Your transitional work assignment closure is effective as of \_\_\_\_\_. You may qualify for additional benefits related to your injury. Please contact the Worker's Compensation Coordinator for additional information.

**WC Coordinator** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

cc: Employee  
Supervisor  
WC Coordinator  
Worker's Compensation file

*Appendix V| Letter of Introduction to the Physicians*

[Date]

[Name  
Street Address or P.O. Box  
City, State Zip]

Dear Provider:

\_\_\_\_\_, an employee of, Name of Company, has reported a possible work related injury or illness. We have filed a workers compensation claim with our carrier, Key Risk. Any authorization for treatment or referrals for additional treatment must be directed to Key Risk's claim call center at **1-866-847-8872**.

Key Risk will be responsible for making all compensability decisions regarding this workers compensation claim. If the claim is compensable, all medical bills will be paid directly by Key Risk under our workers compensation policy. Therefore, please forward all medical bills and medical reports (**note: bills cannot be processed without the appropriate supporting medical reports**) directly to:

**Key Risk  
P.O. Box 49129  
Greensboro, NC 27419**

The injured employee understands that if the claim is found not to be a compensable claim, he or she will be responsible for all bills related to your treatment.

We appreciate your cooperation and assistance. If you have any questions, please contact Key Risk's claim call center at **1-866-847-8872**.

\_\_\_\_\_  
(Employee)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Representative of Name of Company)

***Appendix VII- Offer letter for Transitional Duty***

(Date)  
(Employee)  
(Address)

**Regarding:** (claim number)

Dear \_\_\_\_\_,

Your physician believes that you can build the strength and stamina to return to your regular job within ninety (90) calendar days.

Please see the attached physical restrictions received from your physician. We have matched these restrictions with tasks within your classification, which will allow you to work without breaking your limitations.

You will begin work on \_\_\_\_\_. Please indicate your intent to report within 24 hours of receiving this letter. You will work within your limitations and will make gradual increases toward your full return to work under the guidance of your physician.

You will be paid your full salary for the hours that you work during this program regardless of the modified duty tasks you will be performing. The tasks involved in this program are only **temporary in nature** and are **not a permanent re-assignment**. The program is intended to assist you in building your physical capacities to return in full.

All of the County's policies, including attendance, tardiness and calling off work will apply to you during this program. We hope that you attempt to utilize this opportunity to its fullest extent by being present each day of the program. We are impressed with your work ethic in returning to work although you have suffered an injury. Your commitment to the Transitional Work Program, your job, and co-workers is very much appreciated. If you have any questions regarding this program, please call me at (910) 277-2024.

Sincerely,

Tiffany Flowers, WC Coordinator

cc: Supervisor  
Worker's Compensation file