

8.5.3D - Return to Work Procedure

NAME		Date of Injury/Illness		
STEP	Procedure	YES	NO	N/A
Injury Illness or Leave?	<p>On/off the Job or extended leave:</p> <ul style="list-style-type: none"> All applicable forms (10.2.4a, 801, and medical release) and SOG's can be found on the District Net under the forms, the HR site(s), or at TVFR.com under Departments/HR/ Injury/Illness and Fit for Duty forms. Non-bargaining employees follow SOG 8.2.9 (Sick and Personal Leave) Bargaining employees follow SOG 8.2.9.1 (Sick and Personal Leave) Those returning from extended absence; please contact HR with your anticipated return date as soon as possible to allow coordination of your medical, fitness and training requirements. 			
STEP 1	Notify Duty Chief/Company Officer/Supervisor. Proceed to STEP 2.			
STEP 2	For On-the-Job injuries/illness complete a 10.2.4a and 801 if appropriate within 24 hours and email to- "I injury" or fax to HR (503)-259-1225. Proceed to STEP 3.			
STEP 3	<p>If you have sought medical attention; you will need to have the Medical Release Form 8.5.3B signed by personal or District Physician and sent to HR. (503) 259-1225 fax prior to your return to work assessment.</p> <p>If you are seen by your personal physician have pertinent medical records including medication disclosure form 8.5.3A if applicable, forwarded to District Physician (503) 246-3942 fax.</p> <p>IF YES: Proceed to STEP 5 IF NO: Proceed to STEP 4</p>			
STEP 4	<p>If released to light or modified duty contact HR (503) 259-1292 and have work status forms faxed to (503) 259-1225. Modified duty assignment availability and pertinent utilization of leave accruals will be coordinated by HR. When you are released to full duty</p> <p>Proceed to STEP 3</p>			
STEP 5	<p>Contact HR (503) 259-1161 or the OHS Program Manager (503) 259-1689 to coordinate a return to work date/and assessment if applicable.</p> <p>Proceed to STEP 6.</p>			
STEP 6	<p>If off more than 2 weeks, contact the Training Division at 503-625-2065. Some compliance can be conducted after release, some cannot.</p> <p>Proceed to STEP 7.</p>			
STEP 7	<p>If applicable: complete a fitness assessment with Wellness Program</p> <p>Contact Wellness Program Coordinator at 503-259-1690 to coordinate.</p> <p>Proceed to STEP 8.</p>			
STEP 8	<p>Return to work assessment is scheduled by OHS 503-259-1689 after MD, training and fitness assessment clearance. Allow three days to coordinate with BC.</p> <p>Proceed to STEP 9.</p>			
STEP 9	<p>Contact HR to verify if they received all applicable paperwork: 503-259-1161 and contact Station 69 to verify TeleStaff: 503-356-4769</p> <ul style="list-style-type: none"> Return to work 			

