

# EAST COUNTY FIRE & RESCUE

## Policies, Procedures, and Guidelines

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**SUBJECT: Temporary Modified Duty Assignments**

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**APPROVED BY:** *Mark A. Martin*  
**Board Chair**

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### **PURPOSE AND SCOPE**

The purpose of this policy is to describe the procedure for assigning employees to temporary modified duty when injuries sustained on- or off-duty result in limitations as diagnosed by a qualified health care professional.

### **POLICY**

It is the policy of the East County Fire and Rescue (ECFR) to assist injured employees in returning to work as soon as they are medically able to perform meaningful work for the District. In some instances, the return to work may result in a temporary modified duty assignment.

### **PROCEDURE**

Temporary modified duty assignments are intended to provide employees who have sustained a work-related occupational or non-occupational injury that temporarily limits their ability to perform their regularly assigned duties with an opportunity to return to work. The ability of the District to offer an employee a temporary modified duty assignment will be based on the limitations of the employee and the needs of the District, and will generally not exceed 120 days. The process for evaluating an employee for a modified duty assignment after being medically cleared with restrictions from an injury occurring on- or off-duty, or an illness as a result of an exposure, shall be as follows:

- a) The employee's treating health care professional must have provided the employee with written clearance stating that the employee is able to work modified duty with identified work restrictions.
- b) The employee must provide the clearance document to the Fire Chief or authorized designee as soon as practicable.
- c) The Fire Chief or authorized designee will determine the availability of a temporary modified duty assignment that is commensurate with the employee's work restrictions. There may be instances when a temporary modified duty position within the employee's work restrictions is not available.
- d) If a temporary modified duty assignment is available, the employee may be required to schedule an appointment with the agency's occupational medical provider for final medical clearance before reporting for duty.
- e) Temporary modified duty assignments shall not exceed 120 days without approval from the Fire Chief or the authorized designee. Extensions will be based on the employee's need for continued temporary modified duty and the agency's need for continued work in

the task assigned. Extensions are not guaranteed. Extensions in a temporary modified duty assignment will be granted on a case-by-case basis and at the sole discretion of the District. An authorized extension will not expand any temporary modified duty into a permanent assignment and will not be considered as precedent for any other extensions.

- f) With the exception of employees who are disabled, as defined by the Americans with Disabilities Act (ADA) or the Washington Law Against Discrimination (RCW 49.60.030) temporary modified duty assignments normally will end at the point when the injured employee's condition is declared permanent and stationary or the employee is cleared for full duty without restriction(s).

## **WORK HOURS AND SCHEDULING**

- a) The provision of modified duty hours is always at the District's discretion. Therefore, the District reserves the right to modify transitional work hours and assignments at any time and to withdraw a transitional work offer based on employee performance, productivity, operational / department needs or other factors.
- b) If an employee is offered modified duty, the following guidelines should be considered:
  - Full-time employees should be offered 40 hours per week of transitional work assignments.
  - Part-time employees should be offered up to their 6-month average number of weekly hours in the form of transitional work assignments.
- c) It is the option of the District to change regular hours and workdays of employees participating in the modified work assignments. Modified work schedules will be primarily based on operational needs with secondary consideration given to employee preferences.
- d) To assure adequate supervision, modified work assignments should normally be scheduled between the hours of 8:00 AM and 5:00 PM, Monday through Friday.
- e) Hours pay and leave accruals for employees moving to and from a 24/48 and 40/hours per week will be converted using the current contracted annual hours:2080 ratio.
- f) While completing modified work assignments, overtime is not allowed unless the employee's supervisor provides approval in advance of the hours being worked.
- g) Employees on modified duty due to an occupational injury or illness shall be granted paid time off for treatment appointments related to the occupational injury or illness.

## **DOCUMENTATION**

- a) A Modified Work Assignment Agreement must be filled out and agreed upon by the employee, and the Fire Chief. A copy of the agreement will be given to the employee and one will be kept in the employee's personnel file.
- b) Copies of all physician reports will be kept in the employee's personnel file.

## MODIFIED WORK ASSIGNMENT AGREEMENT

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

### Offer of modified work, notice of your responsibilities, and agreement

Modified duty may be made available to you for the first 120 calendar days from your date of injury. Offering modified duty is at the sole discretion of the District and can be rescinded at any time.

Modified duty will start on (date)\_\_\_\_\_. Your rate of pay will be \$\_\_\_\_\_/hour.

Your workdays will be \_\_\_\_\_, starting at \_\_\_\_\_ and ending at \_\_\_\_\_.

Given the proposed schedule above, the total number of hours offered to you each week is \_\_\_\_\_.

Your immediate supervisor during the modified duty assignment will be \_\_\_\_\_.

The task assignments will vary during this time period based on District needs and the work restrictions listed on your most current work status report. Please note that a field uniform or appropriate business attire must be worn while you are working modified duty.

### Employee Response to Modified Duty Offer and Terms

Acceptance:

\_\_\_\_\_(initial) I agree to the above number of modified duty hours, schedule, and reporting location as outlined above.

\_\_\_\_\_(initial) I understand that the workers' compensation system [if applicable] WILL NOT provide wage replacement when modified duty is available and I fail to work the full number of hours offered by the District.

\_\_\_\_\_(initial) I understand that all District policies remain in effect and apply to me even though I am not working at my normal job, schedule, or location.

\_\_\_\_\_(initial) I understand that it is my responsibility to provide a WRITTEN work status update to my supervisor immediately after each and every visit to the treatment provider.

\_\_\_\_\_(initial) I understand that my eligibility to work modified duty will expire after 120 calendar days have elapsed from my date of injury / illness. I also understand and agree the District may modify or cancel my modified work at any time based on my performance, productivity, operational / departmental needs, or other factors.

Declination:

\_\_\_\_\_(initial) I decline to work transitional duty even though my decision to do so may render me ineligible for lost wage replacement from the workers' compensation system [if applicable]. I understand that coverage for my medical treatment expenses will not be affected by my decision to decline transitional duty.

**I affirm my choice to accept or decline modified duty as indicated by my initials above.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fire Chief Signature

\_\_\_\_\_  
Date

