

RESOLUTION 1189

A RESOLUTION TO AMEND THE CITY OF WEST BRANCH, IOWA EMPLOYEE
HANDBOOK

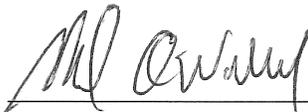
WHEREAS, the City Council, of the City of West Branch, Iowa adopted an Employee Handbook on September 8, 2009, and amended same handbook on October 19, 2009, February 1, 2010, October 4, 2010, December 6, 2010, February 21, 2011, April 4, 2011, February 21, 2012, December 3, 2012 and January 21, 2014; and

WHEREAS, the City Council finds that deleting the “Work Related Incapacity” subsection contained within the **Benefits** section of the *West Branch, Iowa Employee Handbook* on page 17 of the Handbook and adding the subsection entitled “Return-to-Work Program” attached on Exhibit “A” would be beneficial; and

WHEREAS, the Iowa Municipal Worker’s Compensation Association has recommended the adoption of the language contained within the subsection entitled “Return-to-Work Program.”

NOW, THEREFORE, BE IT RESOLVED that the City Council of West Branch, Iowa does hereby approve and adopt the City of West Branch Personnel Handbook dated April 2014 revised by amending the **Benefits** section by deleting the subsection entitled “Work Related Incapacity” and adding the subsection entitled “Return-to-Work Program” which reads as attached on Exhibit “A” attached hereto is hereby approved.

Passed and approved this 7th day of April, 2014.



Mark Worrell, Mayor

Attest:



Matt Muckler, City Administrator/Clerk

Exhibit A

Return-to-Work Program

- I. **PURPOSE:** It is the purpose of this program to provide guidelines for employees injured on the job who are unable to return to his/her regular job classification upon returning to work.

- II. **POLICY**
 - A. It is the policy of the City of West Branch to provide modified or alternate work for employees injured on the job, who are unable to temporarily or permanently return to his/her regular job classification. Regular modified and alternate work will be provided as available in compliance with the Americans with Disabilities Act (ADA) and Iowa Workers' Compensation Act.

 - B. The City of West Branch will make reasonable accommodations to a disability, unless the accommodations would impose an undue financial and administrative burden on the City.

 - C. The feasibility of reasonable accommodations shall be determined on a case-by-case basis taking into consideration the employee, the specific physical or mental impairment, the essential functions of the job, the work environment, and the City's ability to provide accommodations.

 - D. Objectives:
 1. To return the employee who is injured on the job to work as soon as possible when there is not a significant risk of substantial harm to themselves and others.
 2. To minimize financial hardship and emotional stress to the employee who has sustained a work-related injury.
 3. To assist the employee in returning to work at a level as close as practicable to his/her pre-injury earnings and productivity.
 4. To retain qualified and experienced employees.
 5. To reduce the cost of disability benefit programs.

 - E. Temporary Alternate Duty (TAD):
 1. TAD is defined as modified duties or hours assigned to a worker injured on the job, when the physician indicates they can return to work but who are not yet physically capable of handling the entire job duties normally assigned, and his/her work-related injury has not reached maximum medical improvement.

2. The purpose of TAD is to provide temporary work, within medical restrictions, for an employee injured on the job. TAD may be available with medical prognosis indicating that the employees are expected to return to full duty following a course of medical treatment.
3. If an alternate duty position is available, the employee must be provided with TAD as soon as medically feasible. An alternate duty position may be either within his/her department, if available, or within another City department, as coordinated by the City's designee. TAD should be consistent with the employee's physical/mental abilities.
4. An employee in TAD capacity will continue to receive the salary and benefits of his/her job classification. A TAD assignment should be reviewed after each medical appointment, normally every 7 to 14 days. TAD will not normally exceed three months (90 calendar days).
5. TAD Procedures:
 - a. City of West Branch Designee or Workers' Compensation Designee:
 - 1) Informs physician about the TAD program.
 - 2) Informs employee about the TAD program.
 - 3) Informs Workers' Compensation Adjustor of employee's availability to the TAD program.
 - 4) Obtains information regarding medical condition of employee from the City's designated healthcare provider or other authorized treating healthcare provider(s).
 - b. Department Representative and/or Employee's Supervisor, along with Workers' Compensation Designee:
 - 1) Develops work assignments on a case-by-case basis, if available, depending on medical restrictions.
 - 2) Develops appropriate TAD assignments, and monitors on-going medical and work adjustment.
 - 3) May meet with injured employees to review TAD status.
 - c. Employee:
 - 1) Reviews and signs *Appendix A*, Return to Work Program Statement of Acknowledgment.

- 2) When the physician has determined that Maximum Medical Improvement has been reached and the employee is able to perform the essential job duties of his/her job with or without reasonable accommodations, the employee shall return to the job classification and duties held prior to the work injury.
- 3) When the physician has determined that Maximum Medical Improvement has been reached, and the employee is unable to perform the essential job duties of his/her job with or without reasonable accommodations, the employee will be assigned to a Ninety (90) Day Modified Duty Assignment.
 - a. An employee assigned to a Modified Duty Assignment will either report to his/her regular department or the assigned City department coordinated by the City's designee. The employee shall be assigned to do whatever work he/she is able to do, under the restrictions that the City's designated healthcare provider has placed on the employee.
 - b. An employee placed on Ninety (90) Day Modified Duty Assignment shall continue to receive the salary and benefits of his/her job classification.
 - c. No alternate duty employee will be permitted to work overtime.
 - d. During the ninety (90) day period, employees on Modified Duty Assignment will be encouraged and afforded opportunities to apply for other jobs for which they are able to perform the essential functions of the job.
 - e. At the conclusion of their ninety (90) day Modified Duty Assignment period, employees who have been unsuccessful in obtaining other jobs for which they are qualified and for which they are able to perform the essential functions or if no jobs were available within the City, shall be laid off. Laid off employees shall be afforded all rights and benefits included in applicable personnel policies in effect at the time of the layoff.

F. Responsibilities of the Employee:

- 1) The employee is responsible for notifying the West Branch City Office of any changes to his/her current mailing address. Job vacancy notices will be mailed to the last address shown on the City of West Branch's records.

- 2) To determine the appropriateness of the job assignment, the employee who is unable to return to work without restriction is responsible for keeping the Department Director (or the Department Directors designee) informed of the status of the employee's medical condition.
- 3) If the employee rejects any assignment which is compatible with given medical restrictions, the employee shall not be compensated by the City of West Branch or the City of West Branch's workers' compensation carrier with temporary, partial, temporary total or healing period benefits during the period of refusal (*Code of Iowa*, Section 85.53 – Suitable Work).
- 4) The employee assumes responsibility for contacting the West Branch City Office to apply for available jobs.

Appendix A

[Enter Employee Name]

City of West Branch -Return to Work Program Statement of Acknowledgement

I acknowledge that I have been informed of the City of West Branch's Temporary Alternate Duty (TAD) program, and I understand and agree to abide by the restrictions defined by the City's designated healthcare provider's physician and by the City of West Branch as a condition of my participation in the *Return-to-Work* program.

I further understand that if I do not follow the restrictions placed on me by the physician and the City of West Branch, I may receive disciplinary action up to and including discharge.

Employee Signature/Date:

Witness

Signature/Date: _____