

Modified Duty Work Policy

General Description

Policy Summary:

Trinity University is committed to maintaining a safer and healthy work environment for its employees through their return to work after a work-related injury or illness. After a work related injury or illness, Trinity University will provide appropriate modifications that will benefit the employee and employer during their transition back to work.

In situations where an injured employee's physical restrictions from a work-related injury or illness limit their ability to return to work in a full duty capacity, the Modified Duty Policy allows the employee to perform their regular job. Through the Modified Duty Work Policy, an alternate temporary work assignment that meets the injured worker's capabilities may be provided when possible.

Purpose:

The purpose of this policy is to provide information for employees following a work-related injury or illness.

Scope:

This policy applies to all Trinity University faculty and staff.

Exceptions:

No exceptions.

Policy Content

All Trinity University employees are covered under the University's Workers' Compensation Insurance. Provisions in the applicable Workers' Compensation law are incorporated into the insurance policy with respect to compensation to employees for bodily injury by accident or disease arising out of and in the course of their employment by the University.

The University seeks to return injured employees to work as soon as medically possible to provide financial support, restore self-confidence, and help the University retain valuable employees. The return to work program is designed to cover employees working in cooperation with the University and the attending physician. "Modified Duty" applies only to those positions that can be temporarily restructured to incorporate other duties and responsibilities and are not guaranteed.

When a work-related injury is reported, it is essential that all key parties (the employee, their attending physician, Trinity University, and the insurance carrier) communicate frequently and consistently in order to properly bring the injured employee back to restricted or modified duties. A position description will be provided to the attending physician to ascertain limitations in the employee's job performance. A clear, concise, unambiguous recommendation from the attending physician regarding the employee's potential limitations will be essential. The physician's recommendation should indicate what duties the employee can perform, how long the restriction is expected to last, and whether any other possible accommodations may be available to assist the employee in returning to work.

Trinity University reserves the right to require the employee to see a board-certified physician of the University's choice before allowing the employee to start modified dutyor return to full duty.

If the employee's position can be temporarily modified to accommodate the restrictions recommended by the physician, Trinity University will allow the employee to return to their position, performing duties that will not aggravate the injury or place the employee in danger of reinjury . The supervisor will be informed of the specific restrictions, and the employee will not be allowed to deviate from the modified duties until a release to full duty is obtained from the attending physician. Regular attendance is required when an employee is on modified duty status. If employees do not report to work, modified duty may be suspended.

Trinity University reserves the right at any time to request a re-evaluation of any employee's modified duty status.

Modified duty status will not extend beyond 90 days. At the end of the 90-day period, if the employee can not perform their essential job duties, with or without reasonable accommodation, and Family Medical Leave Act (FMLA) benefits are exhausted, the employee may be released from employment with the University.

Revision Management

Revision History Log:

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Revision #:	Date:	Recorded By:
v1.0	8/16/2019 8:14 AM	Kelleebeth Cantu

Vice President Approval:

Name:	Title:	
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