TEMPORARY JOB ACCOMMODATION INTERACTIVE PROCESS

The intent of this document is to assist the employee by identifying light duty work, if possible. Also to comply with applicable State and Federal Laws, University of California Policy and to save the University funds.

EMPLOYEE’S NAME: ____________________________________________

JOB TITLE: ____________________________________________________

DATE OF CURRENT WORK RESTRICTION(S): _______________________

1. MEETING PARTICIPANTS AND TITLES:

   NAME: _______________________________________________________

   NAME: _______________________________________________________

   NAME: _______________________________________________________

   NAME: _______________________________________________________

   NAME: _______________________________________________________

2. EMPLOYEE WORK RESTRICTION(S) AND SOURCE:

   THIS WORK RESTRICTION IS TEMPORARY. THESE WORK RESTRICTIONS ARE TEMPORARY.

   ___________________________________________________________

   ___________________________________________________________

   ___________________________________________________________

   ___________________________________________________________

   ___________________________________________________________

3. EMPLOYEE’S REQUEST(S)/IDEA(S) FOR ACCOMMODATION(S) TO BE CONSIDERED:

   ___________________________________________________________

   ___________________________________________________________

   ___________________________________________________________
4. ACCOMMODATION SUGGESTIONS BY OTHER(S) (LIST NAME(S)):


5. AGREED UPON TEMPORARY ACCOMMODATION(S):


6. SUPERVISOR’S EXPLANATION(S) OF WHY A REQUESTING ACCOMMODATION CANNOT BE PROVIDED AT THIS TIME:


This temporary job accommodation will be effective immediately and will continue for up to three months unless your status changes, your work restrictions are lifted earlier or the department is unable to provide an appropriate position in accordance with your work restrictions. All medical status updates must be provided in a timely manner to the injured workers’ supervisor.

<table>
<thead>
<tr>
<th>Employee Printed Name</th>
<th>Signature</th>
<th>Date</th>
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<tbody>
<tr>
<td>Department Representative</td>
<td>Signature</td>
<td>Date</td>
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<tr>
<td>WC Disability Manager</td>
<td>Signature</td>
<td>Date</td>
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<tr>
<td>WC Disability Coordinator</td>
<td>Signature</td>
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<tr>
<td>Department Human Resource Representative</td>
<td>Signature</td>
<td>Date</td>
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**What is the TRTW Program?**

Transitional Return-to-Work (TRTW) is a proactive program designed to return employees to productive work after they have suffered a work-related injury or illness. Sometimes an injured employee will receive temporary work restrictions from their physician, while they are recovering from their injury. UCSD has established guidelines regarding the provision of light duty work assignments for the recovering employee. These guidelines are the core of the TRTW program and the assignments are called TRTW assignments.

**What is a TRTW Assignment?**

It is a temporary work assignment that fulfills necessary job function(s) and is medically suitable to the employee’s temporary work restrictions. The maximum length of a TRTW assignment is 90 calendar days. The TRTW is monitored by the Workers’ Compensation Program and can be reduced or extended on a case-by-case basis with approval of the department supervisor.

**Who qualifies for a TRTW assignment?**

Any employee who receives temporary work restrictions from his/her physician while recovering from a work-related injury is eligible to participate in the TRTW program.

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**When and How does a TRTW assignment get created?**

The injured employee provides his/her home department a copy of the temporary work restrictions given by the treating physician. The home department is expected to make best efforts to provide a TRTW assignment. The home department must then notify the Workers’ Compensation Return to Work Team (858-822-6677) of the TRTW assignment.

**What if the department or employee is unaware of the TRTW program?**

The Workers’ Compensation office receives notification when a physician provides temporary work restrictions to an injured worker. A staff member of the Workers’ Compensation Program will follow up with the supervisor of the injured employee to: identify, establish, coordinate, facilitate, document and monitor all TRTW assignments.

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**Supervisor responsibilities & TRTW:**

- Support TRTW by providing temporary work assignments for injured workers.
- Monitor TRTW assignments to ensure compliance of the temporary work restrictions.

**What are the Employee’s responsibilities when working in a TRTW assignment?**

- Perform their work safely and observe all restrictions.
- Notify their supervisor if they:
  - Will miss work time because of scheduled medical exams and/or physical therapy
  - Are unable to report for TRTW assignment
  - Experience difficulty performing the TRTW assignments.

**Where can I learn more about TRTW?**

Transitional Return to Work Program (TRTW) guidelines available on the Workers’ Compensation Blink website: [http://blink.ucsd.edu/go/workerscomp](http://blink.ucsd.edu/go/workerscomp)