

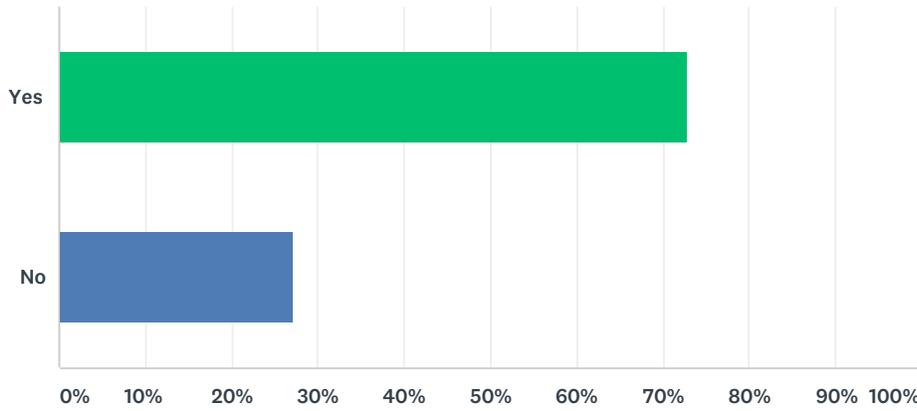
Q1 What is your name and jurisdiction?

Answered: 11 Skipped: 0

#	RESPONSES	DATE
1	Suzanne Parker, Anderson Township	11/19/2018 5:02 PM
2	Julie Prickett -- City of Montgomery	11/18/2018 4:02 PM
3	Jeff Wright - Miami Township, Clermont County	11/16/2018 9:38 AM
4	City of Sharonville	11/15/2018 10:32 PM
5	Scott Souders (Green Township)	11/15/2018 1:38 PM
6	Village of Woodlawn	11/15/2018 1:29 PM
7	Village of Indian Hill	11/15/2018 1:09 PM
8	Bellbrook	11/15/2018 12:31 PM
9	Village of Fairfax - Jennifer Kaminer	11/15/2018 12:22 PM
10	City of Loveland	11/15/2018 12:04 PM
11	Jesse Lightle, Washington Township	11/15/2018 11:56 AM

Q2 Do you have a light duty policy (or best practices, SOP, etc.)?

Answered: 11 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	72.73%	8
No	27.27%	3
TOTAL		11

Q3 If you have a policy, or related documents please either copy/paste below or send to jworley@C4LG.org and cc: shunold@fairfield-city.org

Answered: 6 Skipped: 5

#	RESPONSES	DATE
1	<p>We don't have a policy but we do have provisions in union contracts as well as a general practice for non-union employees to allow for modified work assignments. A physician's statement indicating work restrictions and duration, along with a recommendation from the department head with specific tasks identified for the light duty assignment are required in order for the City Manager to consider permitting a light duty assignment. Here is sample wording from a memo authorizing a light duty assignment: TO: Employee FROM: Brian K. Riblet, City Manager SUBJECT: Modified Work Assignment (October 9 through October 18, 2017) We have received a copy of your September 12, 2017 request for a light duty assignment and Dr. XXXX's correspondence dated September 29, 2017 which certifies you are under her care and may perform light duty assignments beginning October 9, 2017 while you recuperate from surgery (non-work-related.) The City also previously received an FMLA Certification of Health Care Provider from Dr. XXXX indicating an October 18, 2017 return to work date. As Chief Crowell has identified an appropriate work accommodation, the City will be temporarily modifying your work assignment for the period from October 9 through October 18, 2017. Please refer to the attached memo from Chief Crowell for a description of the work you will be performing. This modified work assignment is temporary in nature and may conclude prior to October 18, 2017 should you return to your regular duties prior to this date or should the City determine it has no need for additional modified work assignments to be performed. The City reserves the right to determine the nature of and the need for the work to be assigned. The City will require an update from your physician to determine your work status at that time. In addition, the City may also require other periodic updates from your physician regarding your progress and ability to return to your regular job duty assignments or the essential functions of your job with a reasonable accommodation. Should you need to request an extension of your modified work assignment beyond October 18, 2017, please notify Chief Crowell in writing of your request and include supporting documentation from your physician.</p>	11/18/2018 4:02 PM
2	<p>3.14 TRANSITIONAL DUTY The Township is not required to provide transitional duty or part-time work for an ill or injured Employee in all situations. Transitional duty or part-time work for an ill or injured Employee may be withdrawn if it is determined by the Department Head, that the assignment to the ill or injured Employee is not serving the best interests of the Township. An Employee who has been off work due to an illness or injury may return to work on a temporary transitional duty basis provided that suitable work of value to the Township, preferably within the same Department, is available. A statement must be presented from the attending physician concerning: • The conditions and limitations placed on the duties the Employee can perform (such as "no lifting objects over 30 pounds", etc.) • An estimate of the length of time these limitations should continue. • Any other information the Department Head deems necessary to feel comfortable with letting the Employee perform transitional duty work. Approval by the Department Head and the Township Administrator must be obtained. With the approval of the Department Head, an Employee who has been off work due to illness or injury may return to work on a part-time "phase-in" in basis during which the Employee works progressively more hours over a limited period of time. For additional information on the Policies and Procedures please reference the Miami Township Transitional Work Program.</p>	11/16/2018 9:38 AM
3	<p>Will send transitional work policy.</p>	11/15/2018 1:09 PM
4	<p>We have a Transitional Work policy that was developed many years ago using the BWC's Transitional Work Grant. It is very out of date. Basically, we don't use it and try to accommodate the employee on a case by case basis.</p>	11/15/2018 12:31 PM

5	<p>Purpose The purpose of this policy is to set forth the City of Loveland's procedures following an injury involving a City employee. Policy An employee shall as soon as possible report any injury incurred in the course of or arising from employment with the City to his or her supervisor. After an injury is reported, the department head (or designee) shall conduct a thorough investigation, no matter how minor the accident, to document what occurred and to determine whether there is any need for a change in procedure or for safety equipment. The City will provide training for all supervisors and others who conduct injury investigations, offered by the City's third-party administrator for workers' compensation or through another source determined by the City Manager. Instructions should include: 1. Who conducts injury investigations; 2. What type of injuries must be reported; 3. How facts are gathered; 4. How final reports should be filed; 5. Procedures for notifying the appropriate persons to make corrective action; and 6. Procedures for notifying the Workers' Compensation professional (the Human Resources Manager or his or her designee) if there is an injury requiring medical attention. After the investigation, a written report shall be given to the City Manager. A standard form will be used for all types of claims to ensure that all reports are consistent and complete. If needed, photographs should be included. The report will contain at minimum the following information: 1. Names of supervisors who should receive the report; 2. Details of the injury or loss including time, date, and location; 3. Descriptions of the public vehicles, equipment, or property, or property involved in the loss; 4. Names of injured persons; 5. Names and addresses of witnesses; 6. Description of the loss or damage with estimated cost of repair or loss and how the amount was determined; 7. Recommendation for preventing recurrences; 8. Record of any corrective or disciplinary action taken and any employee involved; and 9. Additional information required by insurance carriers. One of the most important functions of an injury investigation is to determine why an accident occurred, so that future accidents of the same nature can be prevented. If an injury involves either medical treatment or lost work time, see Policy 4.00 (Workers' Compensation Policy) for information on what forms must be completed and the procedures to follow. The City Manager shall complete the annual log and summary of work-related illnesses and injuries for the City of Loveland, as provided in Rule 4167-6-02 of the Ohio Administrative Code. The City of Loveland has a Transitional Work Program that is designed to return an injured employee back to work as soon as possible. City management knows that some injuries require work restrictions; therefore, the City of Loveland will if possible accommodate temporary restrictions on job duties. The department head and the City Manager will make appropriate accommodations based on physician's restrictions and the demands of the job in question. Except in special circumstances approved in the City's sole discretion, no transitional work assignment should last more than 90 calendar days, and under no circumstances will a transitional work assignment be made on an indefinite or permanent basis. Approved by: David Kennedy, City Manager Effective Date: September 17, 2009 Amended April 3, 2017 1918979 (Cross References Drug-Free Workplace Policy and LPA Labor Contracts; Ohio Admin. Code § 4117-6-02)</p>	11/15/2018 12:04 PM
6	<p>Restricted Duty Employees wishing to return to work from injury or illness may not be able to perform their full duties. If the employee's injury or illness temporarily limits them from performing their regular job assignments, the Township may provide the employee with a restricted duty assignment for a maximum of two-hundred and forty (240) working hours. An employee who has been off work due to an illness or injury may return to work in a restricted capacity under the following conditions: A. A statement is presented from the employee's attending physician concerning: 1. The conditions and limitations placed on the duties that the employee can and cannot perform; 2. An estimate of the length of time these restrictions should apply; B. The availability of work that is productive and of value to the Township, preferably with the employee's Department; C. Approval of the employee's Department Head; 1. May involve the Bureau of Worker's Compensation Transitional Work Program in which an employee may return to work on a part-time "phase-in" basis under the auspices of the Bureau of Worker's Compensation; D. The Township is not required to find work meeting the employee's medical restrictions; E. Department Heads shall consult with the Township Administrator on restricted duty requests, including reasonable accommodations or other special assignments before approval. If the Township determines that an employee is working outside the scope of their restrictions, the Township will immediately remove the employee from restricted duty. A restricted duty assignment may include work schedules different from the employee's regular work schedule. Before returning to full duty from restricted duty, the employee must obtain a written release to full duty from his or her attending physician. Such release must certify that the physician has read and understands the employee's essential job functions and physical demands. Final approval of fitness for duty rests with the Township Administrator.</p>	11/15/2018 11:56 AM

#1

COMPLETE

Collector: Email Invitation 1 (Email)
Started: Thursday, November 15, 2018 11:55:05 AM
Last Modified: Thursday, November 15, 2018 11:55:34 AM
Time Spent: 00:00:28
First Name: Jesse
Last Name: Lightle
Email: jlightle@washingtontwp.org
Custom Data: Washington Twp
IP Address: 66.195.67.210

Page 1

Q1 What is your name and jurisdiction?

Jesse Lightle, Washington Township

Q2 Do you have a light duty policy (or best practices, SOP, etc.)? **Yes**

Q3 If you have a policy, or related documents please either copy/paste below or send to jworley@C4LG.org and cc: shunold@fairfield-city.org

Restricted Duty

Employees wishing to return to work from injury or illness may not be able to perform their full duties.

If the employee's injury or illness temporarily limits them from performing their regular job assignments, the Township may provide the employee with a restricted duty assignment for a maximum of two-hundred and forty (240) working hours.

An employee who has been off work due to an illness or injury may return to work in a restricted capacity under the following conditions:

A. A statement is presented from the employee's attending physician concerning:

1. The conditions and limitations placed on the duties that the employee can and cannot perform;

2. An estimate of the length of time these restrictions should apply;

B. The availability of work that is productive and of value to the Township, preferably with the employee's Department;

C. Approval of the employee's Department Head;

1. May involve the Bureau of Worker's Compensation Transitional Work Program in which an employee may return to work on a part-time "phase-in" basis under the auspices of the Bureau of Worker's Compensation;

D. The Township is not required to find work meeting the employee's medical restrictions;

E. Department Heads shall consult with the Township Administrator on restricted duty requests, including reasonable accommodations or other special assignments before approval.

If the Township determines that an employee is working outside the scope of their restrictions, the Township will immediately remove the employee from restricted duty.

A restricted duty assignment may include work schedules different from the employee's regular work schedule.

Before returning to full duty from restricted duty, the employee must obtain a written release to full duty from his or her attending physician. Such release must certify that the physician has read and understands the employee's essential job functions and physical demands. Final approval of fitness for duty rests with the Township Administrator.

#2

COMPLETE

Collector: Email Invitation 1 (Email)
Started: Thursday, November 15, 2018 11:58:32 AM
Last Modified: Thursday, November 15, 2018 12:04:06 PM
Time Spent: 00:05:34
First Name: Tom
Last Name: Smith
Email: tsmith@lovelandoh.gov
Custom Data: Loveland
IP Address: 69.61.192.46

Page 1

Q1 What is your name and jurisdiction?

City of Loveland

Q2 Do you have a light duty policy (or best practices, SOP, etc.)? Yes

Q3 If you have a policy, or related documents please either copy/paste below or send to jworley@C4LG.org and cc: shunold@fairfield-city.org

Purpose

The purpose of this policy is to set forth the City of Loveland's procedures following an injury involving a City employee.

Policy

An employee shall as soon as possible report any injury incurred in the course of or arising from employment with the City to his or her supervisor. After an injury is reported, the department head (or designee) shall conduct a thorough investigation, no matter how minor the accident, to document what occurred and to determine whether there is any need for a change in procedure or for safety equipment.

The City will provide training for all supervisors and others who conduct injury investigations, offered by the City's third-party administrator for workers' compensation or through another source determined by the City Manager. Instructions should include:

1. Who conducts injury investigations;
2. What type of injuries must be reported;
3. How facts are gathered;
4. How final reports should be filed;
5. Procedures for notifying the appropriate persons to make corrective action; and
6. Procedures for notifying the Workers' Compensation professional (the Human Resources Manager or his or her designee) if there is an injury requiring medical attention.

After the investigation, a written report shall be given to the City Manager. A standard form will be used for all types of claims to ensure that all reports are consistent and complete. If needed, photographs should be included. The report will contain at minimum the following information:

1. Names of supervisors who should receive the report;
2. Details of the injury or loss including time, date, and location;
3. Descriptions of the public vehicles, equipment, or property, or property involved in the loss;

- 3. Descriptions of the public vehicles, equipment, or property, or property involved in the loss;
- 4. Names of injured persons;
- 5. Names and addresses of witnesses;
- 6. Description of the loss or damage with estimated cost of repair or loss and how the amount was determined;
- 7. Recommendation for preventing recurrences;
- 8. Record of any corrective or disciplinary action taken and any employee involved; and
- 9. Additional information required by insurance carriers.

One of the most important functions of an injury investigation is to determine why an accident occurred, so that future accidents of the same nature can be prevented.

If an injury involves either medical treatment or lost work time, see Policy 4.00 (Workers' Compensation Policy) for information on what forms must be completed and the procedures to follow.

The City Manager shall complete the annual log and summary of work-related illnesses and injuries for the City of Loveland, as provided in Rule 4167-6-02 of the Ohio Administrative Code.

The City of Loveland has a Transitional Work Program that is designed to return an injured employee back to work as soon as possible. City management knows that some injuries require work restrictions; therefore, the City of Loveland will if possible accommodate temporary restrictions on job duties. The department head and the City Manager will make appropriate accommodations based on physician's restrictions and the demands of the job in question. Except in special circumstances approved in the City's sole discretion, no transitional work assignment should last more than 90 calendar days, and under no circumstances will a transitional work assignment be made on an indefinite or permanent basis.

Approved by:

David Kennedy, City Manager

Effective Date: September 17, 2009

Amended April 3, 2017

1918979

(Cross References Drug-Free Workplace Policy and LPA Labor Contracts; Ohio Admin. Code § 4117-6-02)

#3

COMPLETE

Collector: Email Invitation 1 (Email)
Started: Thursday, November 15, 2018 12:22:01 PM
Last Modified: Thursday, November 15, 2018 12:22:26 PM
Time Spent: 00:00:25
First Name: Jennifer
Last Name: Kaminer
Email: jkaminer@fairfaxoh.org
Custom Data: Fairfax
IP Address: 216.68.204.86

Page 1

Q1 What is your name and jurisdiction?

Village of Fairfax - Jennifer Kaminer

Q2 Do you have a light duty policy (or best practices, SOP, etc.)? **No**

Q3 If you have a policy, or related documents please either copy/paste below or send to jworley@C4LG.org and cc: shunold@fairfield-city.org **Respondent skipped this question**

#4

COMPLETE

Collector: Email Invitation 1 (Email)
Started: Thursday, November 15, 2018 12:29:20 PM
Last Modified: Thursday, November 15, 2018 12:31:28 PM
Time Spent: 00:02:08
First Name: Don
Last Name: Buczek
Email: don.buczek@cityofbellbrook.org
Custom Data: Bellbrook
IP Address: 147.0.163.146

Page 1

Q1 What is your name and jurisdiction?

Bellbrook

Q2 Do you have a light duty policy (or best practices, SOP, etc.)? **Yes**

Q3 If you have a policy, or related documents please either copy/paste below or send to jworley@C4LG.org and cc: shunold@fairfield-city.org

We have a Transitional Work policy that was developed many years ago using the BWC's Transitional Work Grant. It is very out of date. Basically, we don't use it and try to accommodate the employee on a case by case basis.

#5

COMPLETE

Collector: Email Invitation 1 (Email)
Started: Thursday, November 15, 2018 1:08:01 PM
Last Modified: Thursday, November 15, 2018 1:08:33 PM
Time Spent: 00:00:31
First Name: Jessica
Last Name: Chaney
Email: jchaney@ihill.org
Custom Data: Indian Hill
IP Address: 216.196.229.222

Page 1

Q1 What is your name and jurisdiction?

Village of Indian Hill

Q2 Do you have a light duty policy (or best practices, SOP, etc.)? **Yes**

Q3 If you have a policy, or related documents please either copy/paste below or send to jworley@C4LG.org and cc: shunold@fairfield-city.org

Will send transitional work policy.

#6

COMPLETE

Collector: Email Invitation 1 (Email)
Started: Thursday, November 15, 2018 1:28:05 PM
Last Modified: Thursday, November 15, 2018 1:28:41 PM
Time Spent: 00:00:35
First Name: Alan
Last Name: Geans
Email: ageans@beautifulwoodlawn.us
Custom Data: Woodlawn
IP Address: 76.190.109.130

Page 1

Q1 What is your name and jurisdiction?

Village of Woodlawn

Q2 Do you have a light duty policy (or best practices, SOP, etc.)? **No**

Q3 If you have a policy, or related documents please either copy/paste below or send to jworley@C4LG.org and cc: shunold@fairfield-city.org **Respondent skipped this question**

#7

COMPLETE

Collector: Email Invitation 1 (Email)
Started: Thursday, November 15, 2018 1:37:17 PM
Last Modified: Thursday, November 15, 2018 1:37:57 PM
Time Spent: 00:00:40
First Name: Jennifer
Last Name: Triantafilou
Email: jtriantafilou@greentwp.org
Custom Data: Green Twp
IP Address: 66.117.198.210

Page 1

Q1 What is your name and jurisdiction?

Scott Souders (Green Township)

Q2 Do you have a light duty policy (or best practices, SOP, etc.)? **Yes**

Q3 If you have a policy, or related documents please either copy/paste below or send to jworley@C4LG.org and cc: shunold@fairfield-city.org **Respondent skipped this question**

#8

COMPLETE

Collector: Email Invitation 1 (Email)
Started: Thursday, November 15, 2018 10:29:58 PM
Last Modified: Thursday, November 15, 2018 10:32:09 PM
Time Spent: 00:02:10
First Name: Jim
Last Name: Lukas
Email: jlukas@cityofsharonville.com
Custom Data: Sharonville
IP Address: 70.62.243.130

Page 1

Q1 What is your name and jurisdiction?

City of Sharonville

Q2 Do you have a light duty policy (or best practices, SOP, etc.)? **Yes**

Q3 If you have a policy, or related documents please either copy/paste below or send to jworley@C4LG.org and cc: shunold@fairfield-city.org **Respondent skipped this question**

#9

COMPLETE

Collector: Email Invitation 1 (Email)
Started: Thursday, November 15, 2018 12:23:20 PM
Last Modified: Friday, November 16, 2018 9:37:32 AM
Time Spent: 21:14:12
First Name: Jeff
Last Name: Wright
Email: jeff.wright@miamitwpoh.gov
Custom Data: Miami Twp
IP Address: 69.61.229.154

Page 1

Q1 What is your name and jurisdiction?

Jeff Wright - Miami Township, Clermont County

Q2 Do you have a light duty policy (or best practices, SOP, etc.)? **Yes**

Q3 If you have a policy, or related documents please either copy/paste below or send to jworley@C4LG.org and cc: shunold@fairfield-city.org

3.14 TRANSITIONAL DUTY

The Township is not required to provide transitional duty or part-time work for an ill or injured Employee in all situations. Transitional duty or part-time work for an ill or injured Employee may be withdrawn if it is determined by the Department Head, that the assignment to the ill or injured Employee is not serving the best interests of the Township.

An Employee who has been off work due to an illness or injury may return to work on a temporary transitional duty basis provided that suitable work of value to the Township, preferably within the same Department, is available.

A statement must be presented from the attending physician concerning:

- The conditions and limitations placed on the duties the Employee can perform (such as “no lifting objects over 30 pounds”, etc.)
- An estimate of the length of time these limitations should continue.
- Any other information the Department Head deems necessary to feel comfortable with letting the Employee perform transitional duty work.

Approval by the Department Head and the Township Administrator must be obtained.

With the approval of the Department Head, an Employee who has been off work due to illness or injury may return to work on a part-time “phase-in” in basis during which the Employee works progressively more hours over a limited period of time. For additional information on the Policies and Procedures please reference the Miami Township Transitional Work Program.

#10

COMPLETE

Collector: Email Invitation 1 (Email)
Started: Sunday, November 18, 2018 3:50:33 PM
Last Modified: Sunday, November 18, 2018 4:01:58 PM
Time Spent: 00:11:24
First Name: Brian
Last Name: Riblet
Email: briblet@ci.montgomery.oh.us
Custom Data: Montgomery
IP Address: 216.68.27.226

Page 1

Q1 What is your name and jurisdiction?

Julie Prickett -- City of Montgomery

Q2 Do you have a light duty policy (or best practices, SOP, etc.)? **Yes**

Q3 If you have a policy, or related documents please either copy/paste below or send to jworley@C4LG.org and cc: shunold@fairfield-city.org

We don't have a policy but we do have provisions in union contracts as well as a general practice for non-union employees to allow for modified work assignments. A physician's statement indicating work restrictions and duration, along with a recommendation from the department head with specific tasks identified for the light duty assignment are required in order for the City Manager to consider permitting a light duty assignment. Here is sample wording from a memo authorizing a light duty assignment:

TO: Employee

FROM: Brian K. Riblet, City Manager

SUBJECT: Modified Work Assignment (October 9 through October 18, 2017)

We have received a copy of your September 12, 2017 request for a light duty assignment and Dr. XXXX's correspondence dated September 29, 2017 which certifies you are under her care and may perform light duty assignments beginning October 9, 2017 while you recuperate from surgery (non-work-related.) The City also previously received an FMLA Certification of Health Care Provider from Dr. XXXX indicating an October 18, 2017 return to work date. As Chief Crowell has identified an appropriate work accommodation, the City will be temporarily modifying your work assignment for the period from October 9 through October 18, 2017. Please refer to the attached memo from Chief Crowell for a description of the work you will be performing. This modified work assignment is temporary in nature and may conclude prior to October 18, 2017 should you return to your regular duties prior to this date or should the City determine it has no need for additional modified work assignments to be performed. The City reserves the right to determine the nature of and the need for the work to be assigned. The City will require an update from your physician to determine your work status at that time. In addition, the City may also require other periodic updates from your physician regarding your progress and ability to return to your regular job duty assignments or the essential functions of your job with a reasonable accommodation.

Should you need to request an extension of your modified work assignment beyond October 18, 2017, please notify Chief Crowell in writing of your request and include supporting documentation from your physician.

#11

COMPLETE

Collector: Email Invitation 1 (Email)
Started: Monday, November 19, 2018 5:01:39 PM
Last Modified: Monday, November 19, 2018 5:01:59 PM
Time Spent: 00:00:19
First Name: Steve
Last Name: Sievers
Email: ssievers@andersontownship.org
Custom Data: Anderson Twp
IP Address: 74.219.232.36

Page 1

Q1 What is your name and jurisdiction?

Suzanne Parker, Anderson Township

Q2 Do you have a light duty policy (or best practices, SOP, etc.)? **No**

Q3 If you have a policy, or related documents please either copy/paste below or send to jworley@C4LG.org and cc: shunold@fairfield-city.org **Respondent skipped this question**
