Workers' Compensation Transitional Duty Plan

This Transitional Duty Plan (TDP) is a temporary arrangement which may be revoked or altered by the University at any time. Transitional duty will be administered consistent with policies HR0397: Worker's Compensation and HR0398: Transitional Duty/Return to Work Program.

Prior to completing this form, the supervisor should contact the Human Resources Officer, who will be responsible for having the Return to Work Coordinator assist the department in completing this form. Forms should be returned to the UT System Office of Risk Management for review prior to being finalized and implemented.

Employee Name (please print): _____

Employee ID#: _____

Employee Contact Information:

- Work phone: _____ Cell: _____
- Email: _____

Supervisor Name: _____ Dept.: _____

CATEGORY (choose one):

Work Injury/Occupational Illness ◯

Non-Work Injury/Illness** ◯ Pregnancy** ◯

****Stop here and contact Human Resources for further instruction**

List specific restrictions given by the authorized treating physician/health care provider. If available, please attach a copy of the written restrictions/work status.

CHOOSE ONE:

☐ The current restrictions do not affect the employee's ability to perform their regular job duties. Employee may return to work immediately.

☐ Employee is able to perform the essential duties of their position with the following *temporary* modifications (be specific and attach additional documentation if needed):

☐ Employee's position cannot be modified to meet the treating physician's restrictions. Alternate *temporary* work within the department will be provided as follows (Describe duties, hours, location, and length of time plan will be in effect):

☐ The department does not believe transitional duty is available at this time. The Human Resources Officer and Chief Business Officer or designee must approve the decision, and the UT System Office of Risk Management must be notified. Department understands that a monetary penalty may be assessed by the State.

Effective start date of TDP: _____/_____/_____

Anticipated end date of TDP*: _____/_____/_____

* No longer than 90 calendar days

Employee understands that if the employee rejects a transitional duty assignment, the employee will be treated in accordance with the University's leave policies and may be subject to termination upon exhaustion of approved leave. Rejection may also result in cancellation or reduction of lost time benefits.

Employee accepts ☐ rejects ☐ the terms of this TDP (check one).

_____ _____

Employee Signature Date

_____ _____

Supervisor/Department Director Signature Date

_____ _____

System Risk Management Representative Signature Date

Send completed copy of TDP to the UT System Office of Risk Management immediately.