



West Virginia
Division of Personnel

RETURN TO WORK GUIDELINES

**Employee Relations Section
August 2014**

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DISCLAIMER

This booklet is intended to be used as a reference and procedural guide. The general information it contains should not be construed to supersede any law, rule, or policy. In the case of any inconsistencies, the statutory and regulatory provisions shall prevail.

This booklet is written with the understanding that the West Virginia Division of Personnel is not engaged in rendering legal services. If legal advice or assistance is required, the services of an attorney should be sought. Supervisors should also refer to the policies, rules and regulations as well as consult with the human resources office within his or her respective agency.

For technical assistance concerning specific situations, employees and employers may contact the Division of Personnel's Employee Relations Section at (681) 313-2706.

GUIDELINES FOR AN EMPLOYEE'S RETURN TO WORK AFTER ILLNESS OR INJURY

1. Purpose

These guidelines may be applied to employees who are on paid sick leave or medical leave of absence without pay due to an illness or injury, whether work or non-work related. Because employees are valuable resources, State agencies should assist employees in returning to work as soon as possible after their health care providers certify their fitness to do so. An employee's return to work will be according to applicable federal and State laws and the West Virginia Division of Personnel *Administrative Rule*.

2. Coordination with Health Care Provider

An employee on paid sick leave or medical leave of absence without pay can return to work only when the employer receives the health care provider's written medical release authorizing such return. The State agency's human resource office is responsible for providing the health care provider with a copy of the employee's job description, copies of job descriptions for potential alternative assignments, and written information explaining the agency's return-to-work program.

3. Job Descriptions

The agency's human resource office is responsible for working with the employee's supervisor(s) and the Classification and Compensation Section of the WV Division of Personnel to ensure that job descriptions accurately and completely describe the essential functions of each position.

4. Return-to-Work Options

Arrangements to facilitate an employee's return to work are made in consultation with the employee's health care provider. If the illness or injury is compensable, the WV Workers' Compensation Division must be consulted; however, the WV Division of Personnel is available to provide technical assistance in this regard. The following options can be explored:

- **Return to Prior Position.** An employee shall return to his or her prior position if the health care provider certifies that he or she can perform the essential functions of the job with or without reasonable accommodations. The agency's human resource office is responsible for working with the employee's supervisor and attending health care provider to determine the need to provide any reasonable accommodations.
- **Modified Duty.** In some cases, an employee can be certified as able to return to his or her former position providing his or her work hours are reduced or the job duties are otherwise

modified until the employee is fully recuperated from his or her illness or injury. The agency's human resource office is responsible for working with the employee's supervisor and attending health care provider to determine the need to provide any reasonable accommodations.

- **Alternative Position.** An employee who is not yet able to return to his or her former duties are offered (**subject to the restrictions set out in Section 5**) a temporary alternative vacant position that has been approved by the employee's health care provider. The agency's human resources office is responsible for working with the employee's supervisor and the employee's health care provider to develop and implement the alternative assignment.
- **Work-hardening Positions.** Some alternative assignments involve "work hardening." Work hardening describes a series of coordinated work assignments intended to increase the strength and stamina of an injured employee. A work-hardening regimen is set up in consultation with the employee's health care provider and qualified rehabilitation specialists. Work hardening can involve progressions through a series of jobs. Each job typically lasts two weeks to four weeks, and each involves progressively greater physical/mental demands.

5. Restrictions on Alternative Assignments

The following restrictions apply to alternative assignments:

- **No Guarantee of Work.** As provided in Section 4, the agency may endeavor to return employees to gainful employment as soon as possible by exploring alternative assignments; however, the agency does not guarantee the availability of alternative work. Generally, an agency is not required to create a position, however, the agency must give consideration of reassignment to a vacant position that the employee is qualified and capable to perform. **NOTE: Any reassignment must be to a vacant position within the employee's current agency or an agency under the jurisdiction of the employee's current Cabinet Secretary/Bureau Chief. Please note restrictions under Section 10.**
- **Approval of Return to Work.** Any request to return to work at less than full duty or in an alternative position will be according to Section 14.4(h) of the *Administrative Rule*.

The request to return to work at less than full duty shall be reviewed under conditions including, but not limited to, the following:

- (a) the employee cannot perform the essential duties of his or her job; with or without accommodation;
- (b) the nature of the employee's job is such that it may aggravate the employee's medical condition;
- (c) a significant risk of substantial harm to the health or safety of the employee or others cannot be eliminated or reduced by reasonable accommodation; or,
- (d) the approval of the request would seriously impair the conduct of the agency's business.

- **Salary Considerations.** Employees who return to modified, transitional, or “light-duty” alternative work, are not guaranteed the rate of pay they received for the position they held at the time they went on paid sick leave or medical leave of absence without pay. The pay rate for an alternative assignment, as determined by the position classification specification and its assigned salary range, is based on the knowledge, skills, and abilities required for the job as well as general market conditions. Employees who return to work in alternative assignments before they have reached maximum medical improvement of a Workers’ Compensation illness or injury may be eligible for temporary partial rehabilitation benefits. According to the WV Workers' Compensation Rehabilitation program, such benefits may be available if an employee earns less in the alternative position than he or she earned in the position held at the time the compensable injury or illness was sustained. Employees in alternative assignments are not permitted to supplement their pay or workers’ compensation benefits by using their accrued vacation, personal, or sick leave.
- **Thirty (30) Day Limit.** Alternative assignments are temporary arrangements intended to complement and facilitate the recovery and healing process. Alternative assignments must be renewed every thirty (30) days and, in accordance with Section 14.4(g)(4) of the *Administrative Rule*, are subject to the health care provider or medical practitioner statement requirement on each re-evaluation.
- **Denial of Return to Work at Less Than Full Duty.** Any denial of an employee's request to return to work at less than full duty or in an alternative position will be according to Section 14.4(h) of the *Administrative Rule*.

The return to work at less than full duty may be denied, with the approval of the Director of the Division of Personnel, under conditions including, but not limited to, the following:

- (a) the employee cannot perform the essential duties of his or her job; with or without accommodation;
- (b) the nature of the employee's job is such that it may aggravate the employee's medical condition;
- (c) a significant risk of substantial harm to the health or safety of the employee or others cannot be eliminated or reduced by reasonable accommodation; or,
- (d) the approval of the request would seriously impair the conduct of the agency's business.

Employee Options if Return to Less Than Full Duty is Denied:

- Continuation of paid, *accrued sick leave* and after exhausting sick leave, *accrued annual leave*, only if requested by the employee, according to the provisions of Sections **14.3(h)** and **14.4(f), (g)** of the *Administrative Rule*.

- An employee may be eligible to receive donated leave according to the provisions of the ***Administrative Rule, Leave Donation Program, 143CSR2***. This program allows employees to voluntarily donate accrued ***annual leave*** to a designated employee who is suffering a medical emergency. The medical emergency must require the employee to be off work a minimum of 10 consecutive, full working days after all the employee's paid leave is used. **NOTE: Participation in the leave donation program does not relieve an employee of the responsibility of applying and receiving approval for an appropriate leave of absence without pay.**
- After exhausting accrued sick leave and annual leave (unless the employee has elected not to use sick leave for a personal injury received in the course of and resulting from covered employment with the State or its political subdivisions), the employee may apply for a ***medical leave of absence without pay*** according to the provisions of Sections ***14.8(c)*** of the ***Administrative Rule***.
- **NOTE:** The federal ***Family and Medical Leave Act (FMLA)*** provides for 12 weeks of unpaid leave for an employee's own serious illness. Since Section ***14.8(c)*** of the ***Administrative Rule*** provides a more generous unpaid medical leave benefit of up to 6 months, the State benefit fulfills the entitlement provisions of federal law. Please refer to the Division of Personnel's Policy ***DOP-P23 Family and Medical Leave Act/Parental Leave Act*** for information regarding appropriate notice to employees.
- After exhausting 6 months ***medical leave of absence without pay***, an employee may apply for a ***personal leave of absence without pay*** according to Section ***14.8(a)*** of the ***Administrative Rule***. Please note that the granting of a personal leave of absence without pay is at the ***discretion of the employer***.
- If the employee claims inability to return to work after exhausting paid and unpaid leave, the employer will then make a staffing determination based on all available administrative and medical information. **NOTE: An employee may not be dismissed while receiving temporary total disability (TTD) benefits, regardless of whether or not paid and unpaid leave has been exhausted, unless the dismissal is for a separate dischargeable offense.**

Contact the Employee Relations Section of the West Virginia Division of Personnel (681-313-2706) for clarification of any of the preceding options.

6. General Provisions for Work Related Injuries

- In the event of a work related injury or re-injury, the manager or supervisor should encourage the injured employee to seek first aid, or if necessary, appropriate medical intervention. The employee is required to immediately report all injuries or re-injuries to their manager or supervisor.
- Once an employee has returned to work, it is his or her responsibility to work within the physical limitations the health care provider has specified. The employee shall perform only those duties assigned to them. An employee shall immediately notify his or her manager or supervisor of any difficulty in performing the duties.

- The employee shall keep his or her manager or supervisor informed of the recovery process and his or her ability to perform modified or alternative work. The employee should notify his or her manager or supervisor in advance of any medical appointments.

7. Employee Refusal of Work

In the event an employee refuses to return to his or her former position or alternative assignment after being certified able by his or her health care provider to perform such job, he or she may be dismissed. **NOTE: An exception to this may apply in the case of an employee who has not yet exhausted his or her FMLA leave entitlement. See Section 10.**

A written offer of return to employment must clearly state:

- the position offered and the duties of the position;
- the agency's agreement to any limitations or conditions set out in the health care provider's certification of the employee's fitness to return to work;
- the job's essential functions, and
- the job's wage, working hours, and location.

8. Permanent Disabilities

After reaching maximum medical improvement from illness or injury, an employee can have a permanent disability that impairs the employee's ability, with or without reasonable accommodations, to return to his or her regular position. The employing agency, in consultation with the employee's health care provider and if applicable, WV Workers' Compensation, should evaluate the following options:

- Securing vocational rehabilitation services from WV Rehabilitation Services or private consultants, as appropriate. Services can include assessment and testing, counseling, and training.
- Finding a position with the agency commensurate with the employee's knowledge, skills, and abilities.

9. Medical Information

All employee medical information is held in strict confidence in accordance with applicable federal and State laws. Medical inquiries are limited to those permitted under applicable State and federal law and must include a medical release signed by the employee.

10. Coordination with Other Provisions of Law and Rule

Nothing in such agency specific programs or procedures shall enhance or diminish the provisions of any federal or State law or any properly promulgated administrative rule.

Any Return-to-Work program must be coordinated with a range of federal and State laws, including, ADA, FMLA, WV Workers' Compensation statute, WV Human Rights Act, and the WV Division of Personnel's *Administrative Rule*. Any illness or injury, whether work-related or not, may entitle the employee to the protections of any one or more of the following federal/State laws and the *Administrative Rule*:

- **Americans with Disabilities Act (ADA):** The ADA is a federal nondiscrimination statute designed to remove barriers that prevent qualified individuals with disabilities from enjoying the same employment opportunities that are available to persons without disabilities. Where an individual's disability impedes job performance, an employer must make reasonable accommodations to help the individual overcome the particular impediment, unless doing so would impose an undue hardship. Return-to-work programs usually are consistent with the requirements of ADA, since making reasonable accommodations for employees' disabilities is an integral part of a return-to-work program.
- **Family and Medical Leave Act (FMLA):** An employer must ensure that its return-to-work policy is carefully coordinated with its obligations under FMLA. If the employee is returning to work at the end of an approved FMLA leave, he or she may have rights to reinstatement to his or her same position or an equivalent position. **NOTE: The FMLA defines equivalent position to mean, "virtually identical to an employee's former position in terms of pay, benefits, and working conditions." Further, equivalent working conditions include substantially similar duties and responsibilities that require substantially equivalent skill, effort, responsibility and authority. Also, the position should be in the same or geographically proximate work site; be on the same shift or similar work schedule; and have the same or equivalent opportunity for discretionary and non-discretionary increases.**

It is the practice of the State of West Virginia to designate an employee's paid sick and annual leave and medical leave of absence without pay due to injury or illness as counting against the employee's FMLA leave entitlement.

Employees entitled to FMLA leave can voluntarily accept light-duty assignments while they are recuperating, but they cannot be required to do so.

Until employees have exhausted their 12-week FMLA entitlement, they have the right to be reinstated to their original job or an equivalent job, provided they are able to perform the job's essential functions and they are not "key" employees as defined by the FMLA.

Refer to the Division of Personnel's Policy *DOP-P23 Family and Medical Leave Act/Parental Leave Act* for further guidance:

<http://www.personnel.wv.gov/SiteCollectionDocuments/Policies/FMLA.pdf>

- **West Virginia Workers' Compensation Act:** This law mandates that an employee who has suffered a compensable injury be returned to his or her former position, if available, or to a comparable position provided he or she is not disabled from performing the essential functions of the position. An employee who returns to an alternative job may have reduced earnings compared to what he or she earned before the work-related injury or illness. According to the WV Workers' Compensation law, individuals who accept an alternative position are no longer eligible to receive temporary total disability benefits; however, they may be eligible to receive temporary partial rehabilitation benefits.

An employee who refuses an alternative assignment after being certified able by his or her health care provider to perform such work, may be no longer eligible to receive workers' compensation benefits. However, he or she may still be eligible for unpaid FMLA leave and retain reinstatement rights provided the 12-week FMLA leave entitlement has not been exhausted.

- **West Virginia Human Rights Act:** This law is the WV disability discrimination statute and is similar to the ADA. While the definition of disability under both Acts is identical, the West Virginia Supreme Court is not obligated to follow federal case law in this area. Although federal case law is persuasive, it is not determinative.
- **West Virginia Division of Personnel's *Administrative Rule, 143CSR1:***
 - Section 14.3 (h)** Annual Leave - When Sick Leave Exhausted
 - Section 14.4 (f)** Sick Leave - Granting
 - (g)** Sick Leave - Physician's Statement
 - (h)** Sick Leave - Return at less than full duty
 - Section 14.8 (a)** Leave of Absence Without Pay - Personal
 - (c)** Leave of Absence Without Pay - Medical; Notice to Employee
 - (d)** Leave of Absence Without Pay - End of Leave
- **West Virginia Division of Personnel's *Administrative Rule, Leave Donation Program, 143CSR2***

SAMPLE LETTERS

DISCLAIMER

The following sample documents are not all inclusive and do not represent all possible options for managing attendance. They are intended to be used only as guides and will require modification to suit specific situations and to conform to agency policies.

Requests for technical assistance may be directed to the West Virginia Division of Personnel, Employee Relations Section at (681) 313-2706.

S A M P L E

[Request for Medical Information]

Dear Dr. [name]:

[Employee name] a patient of yours, is employed as a [classification] with the [agency]. I received your [letter / statement] dated [date], wherein you indicated [insert relevant information]. Enclosed, please find a release signed by [Employee name] which authorizes you to provide information regarding [his or her] current condition and any resultant limitations. I will use your information in evaluating [his or her] ability to perform the functions of [his or her] position and in determining whether accommodations in [his or her] work environment, schedule, or assignments are required and feasible.

Please provide your analysis of [Employee's name] residual functional capacity and specifically comment on the following: **[Insert questions about employee's ability to perform the essential functions of his job. Using Maintenance Worker as the example, such activities could include, but would not be limited to: gross and fine finger motions required for minor repairs such as carpentry, painting, plumbing, electrical and masonry work; grip strength, lifting and carrying - how far - how often, weight limits; and any other applicable maintenance work - including work on any special events and seasonal functions that might impact his upper extremity function.]** I have enclosed a functional capacity assessment form and narrative which outlines the duties and responsibilities of [Employee name]'s position. Please describe in detail any limitations or restrictions on [his or her] ability to perform the essential functions of [his or her] position and list any assistive devices, equipment, or any accommodation you believe would enable [Employee name] to perform [his or her] duties and responsibilities.

To preserve confidentiality, please ensure that your response is sealed in the enclosed self-addressed, postage-paid, envelope. If you have any questions or require additional information, please contact me at [telephone number].

Sincerely,

[Authorized Signature]

Enclosures (*enclose copy of release form signed by employee, narrative of job duties, functional capacity assessment form, and envelope*)

c: [Employee]

Authorization for Release of Information

I, **[Employee name]**, hereby authorize **[physician's name]**, to furnish written information to **[Employer name & title]**, my employer, regarding my residual functional capacity, any limitations or restrictions on my ability to perform the functions of my position and any devices, equipment, or accommodations I require to enable me to perform these functions.

I understand that I may revoke this authorization at any time by sending a written statement to **[Employer name and address]**. The statement must identify this authorization by referring to the date it was signed (below). The statement must include the date on which this authorization is no longer in force. I understand that if I revoke this authorization, my employer may still use and disclose information for which an action has already been taken in reliance on this authorization.

Printed Name

Signature

Date

(The original form must be signed and retained by the employer with a photocopy forwarded to the physician.)

[S A M P L E]

Dear [Employee's Name]:

Effective [date], I approved your request for a temporary, light duty work assignment for a period of thirty (30) days. Due to [Reason light duty cannot be extended, e.g., “recent flooding and the substantial damage to some of our buildings, we must accomplish not only a major restoration, but continue to perform our regular division functions as well”]; therefore, I can no longer permit the continuation of your light duty assignment. I will extend this temporary assignment through [date–15 day notice], at [insert the time his work day ends]; however, effective [date], at [insert the time he begins work], you are expected to resume your regularly scheduled duties as a [employee's job title, e.g., Maintenance Worker] under the supervision of [supervisor's name].

Your return to your regularly scheduled duties of [employee's job title] requires that you provide a prescribed physician's/practitioner's statement form releasing you from light duty and certifying your ability to resume full duty employment. If your physician does not release you to resume your regularly scheduled duties as a [employee's job title], you may exercise the following options:

- You may request accrued sick leave until such time as your physician releases you to return to full duty. A physician's/practitioner's statement verifying your incapacity is required for any absence beyond three (3) working days.
- After exhausting accrued sick leave, you may request accrued annual leave in lieu of sick leave. A physician's/practitioner's statement verifying your incapacity is required under the same terms as use of accrued sick leave.
- After exhausting accrued leave, you may request a medical leave of absence without pay according to section 14.8(c) of the *Administrative Rule*.

In addition to a copy of section 14 of the *Administrative Rule*, I have enclosed the prescribed physician's/practitioner's statement form (DOP-L3) for your completion. Both you and your physician/practitioner are required to complete documentation if it is your intention to return at full unrestricted duty or request extended sick leave [Will need to provide appropriate FMLA forms if leave is FMLA-qualifying and provide additional notice and forms for requesting medical leave of absence without pay when the paid leave is exhausted.].

Further, according to the provisions of the federal Family and Medical Leave Act (FMLA), an eligible employee is entitled to up to 12 weeks of unpaid leave in a 12-month period for a serious health condition that makes the employee unable to perform the essential functions of his or her job. However, since section 14 of the Division of Personnel's *Administrative Rule* provides a more

generous paid sick leave and medical leave benefit of up to 6 months, any FMLA entitlement you may have in this regard, will run concurrently with your State paid leave and medical leave of absence without pay which is designated as counting against any entitlement provisions of federal law.

Should you have any questions regarding the information in this letter, you may contact me or your supervisor, **[employee's supervisor's name]** at **[telephone number]**.

Sincerely,

[Authorized Signature]

Enclosure (*enclose copy of DOP-L3 form*)

c: **[Employee's Supervisor]**
Agency Personnel File

FUNCTIONAL CAPACITY ASSESSMENT

The **Functional Capacity Assessment** form is a tool for employers to use in limited circumstances and should not be routinely mailed to employees' physicians/practitioners. Generally, it should be used when either:

- the employer has received conflicting or unclear medical information, or
- the employee has been absent for an extended period (6 months or more).

Ideally, the form should be mailed with a cover letter (refer to sample letters in Guidelines) in which specific questions are posed to the physician/practitioner. It should be understood that while some practitioners would view a "check off" list as a method of providing an expeditious response to an inquiry, some may resist (for a variety of reasons) completing such a comprehensive form. Instead, the practitioner may provide narrative information which answers the employer's questions. Although employees may be directed to *encourage* a practitioner to complete the form, or provide a narrative, failure of the practitioner to do so should not be construed as the employee's failure to submit medical information. If sufficient information from the employee's practitioner is not forthcoming, the employer may, at the employer's expense, schedule the appropriate medical examination. *Scheduling an independent medical examination should be considered only as a last resort.* To ensure compliance with applicable federal laws regarding medical examinations, consult the Employee Relations Section of the West Virginia Division of Personnel, (681) 313-2706, for guidance.

RELEASE OF INFORMATION

I, _____, hereby authorize _____, physician/
 (Please PRINT) (Please PRINT)
 practitioner, to furnish written information to _____, my
 employer, regarding my residual functional capacity, any limitations or restrictions on my ability to perform
 the functions of my position and any devices, equipment, or accommodations I require to enable me to
 perform these functions.

Employee's Signature _____ Date _____

FUNCTIONAL CAPACITY ASSESSMENT

Physician/Practitioner - Please confine your completion of this form to only those elements that are
 pertinent to the employee's ability to perform the essential functions of his/her job. Explain any limitations
 in Section G.

Genetic Information Nondiscrimination Act of 2008 Notice

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered
 by GINA Title II from requesting or requiring genetic information of an individual or family member of the
 individual, except as specifically allowed by this law. To comply with this law, we are asking that you not
 provide any genetic information when responding to this request for medical information. "Genetic Information"
 as defined by GINA includes an individual's family medical history, the results of an individual's or family
 member's genetic tests, the fact that an individual or an individual's family member sought or received genetic
 services, and genetic information of a fetus carried by an individual or an individual's family member or an
 embryo lawfully held by an individual or family member receiving assistive reproductive services.

A. POSTURAL LIMITATIONS:

	Continuously (4-6 hrs./day)	Frequently (2-6 hrs./day)	Infrequently (0-2 hrs./day)	Never
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. PHYSICAL EXERTION LIMITATIONS:

	Up to 10 lbs.	10 lbs. to 25 lbs.	25 lbs. to 50 lbs.	Over 50 lbs.
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. MANIPULATIVE LIMITATIONS:

	Unlimited	Limited
Handling (gross)	<input type="checkbox"/>	<input type="checkbox"/>
Fingering (fine)	<input type="checkbox"/>	<input type="checkbox"/>
Feeling (skin receptors)	<input type="checkbox"/>	<input type="checkbox"/>

D. MENTAL LIMITATIONS:

	Unlimited	Limited
Understanding	<input type="checkbox"/>	<input type="checkbox"/>
Remembering	<input type="checkbox"/>	<input type="checkbox"/>
Sustained concentration	<input type="checkbox"/>	<input type="checkbox"/>
Following through on instructions	<input type="checkbox"/>	<input type="checkbox"/>
Decision making	<input type="checkbox"/>	<input type="checkbox"/>
Responding appropriately to workplace pressures	<input type="checkbox"/>	<input type="checkbox"/>
Receiving supervision	<input type="checkbox"/>	<input type="checkbox"/>
Relating to co-workers	<input type="checkbox"/>	<input type="checkbox"/>

E. VISUAL/COMMUNICATIVE LIMITATIONS:

	Unlimited	Limited
Acuity (near/far); Depth; Color; Field	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>

F. NON-PHYSICAL EXERTION LIMITATIONS:

Pain (frequency; degree; objective signs)

Environmental restrictions (exposure to dust, fumes, smoke, heights, heat/cold, noise; other)

Rest periods (frequency/duration)

Side effects of medication

G. REMARKS:

(Please use this space to explain or clarify any of the preceding information.) Describe any specific limitations or restrictions for any of the above categories and list any assistive devices, equipment, or accommodation the employee requires to perform his or her job:

Physician's/Practitioner's Signature

Date

Name of Practice

Type of Practice

Address

Telephone