



# City of Prince Albert

## Modified Return to Work Program

It is City of Prince Albert Policy to provide appropriate modified work opportunities for those employees unable to perform their regular duties due to illness or injury. The City of Prince Albert's "**Modified Return to Work Program**" will accommodate virtually any level of work restriction as identified by the attending Physician. **Modified duties are typically non-physical office related tasks to be performed in a manner compatible with prescribed restrictions.**

The effectiveness of the City of Prince Albert's "*Modified Return to Work Program*" is dependent on the cooperation and participation of the attending medical professionals. We ask that the attending Physician participate in accordance with guidelines provided by:

- *The Saskatchewan College of Physicians and Surgeons Policy: "Role of Physician in Certifying and/or Assessing Capacity for Work".*
- *Saskatchewan Workers' Compensation Board's policies regarding "Return to Work Plans (Pol 08/96)".*

Time loss Workers Compensation claims negatively impact WCB premiums and therefore can be very costly to the City of Prince Albert. We are committed to provide suitable and productive modified duties for those that experience a workplace based injury. The Saskatchewan Workers' Compensation Board strongly encourages employers, injured workers and medical professionals to actively pursue appropriate modified duties not only as method of reducing claim costs but also to promote healing and early return to work.

***As the attending Physician we ask that you complete the attached Modified Work Form and fax it to 306-953-4396 immediately in order to facilitate the appropriate modified work situation.***

**To avoid a "Time Loss Claim" the worker must return to either modified or regular duties not later than the day following the day of injury.**

The City of Prince Albert's "*Modified Return to Work Program*" also provides for a payment of \$25.00 for the completion and timely submission of the attached form

If you have questions or concerns regarding the City of Prince Albert's "*Modified Return to Work Program*" please do not hesitate to contact me.

Regards,

Human Resources  
City of Prince Albert  
Phone: 306-953-4310



# City of Prince Albert

## Modified Duties Form

Employee Name: \_\_\_\_\_

Non-Work Related Injury/Illness \_\_\_\_\_ Work Related Injury/Illness \_\_\_\_\_

Date of Visit \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expected date of return to full duties \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year month day year

### EMPLOYEE

#### Medical Information Release

I agree to participate in the Modified Work Program as discussed with my employer. I hereby authorize the attending physician to provide information for the purpose of a safe return to work under possible modified duties, schedule or regular duties.

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Employee Signature: \_\_\_\_\_  
month day year

### PHYSICIAN

The City of Prince Albert Modified Work Program assists in the recovery and rehabilitation of a worker and safe return to regular duties. The worker suffers no loss in income and is assigned work, which takes into consideration any physical restrictions, indicated by you below.

#### Working Restrictions (if applicable)

- |   |  |
|---|--|
| <input type="checkbox"/> Lifting _____ kg. from waist             | <input type="checkbox"/> Climbing Ladders        |
| <input type="checkbox"/> Lifting _____ kg. from shoulders         | <input type="checkbox"/> Work at Heights         |
| <input type="checkbox"/> Prolonged standing (max. duration _____) | <input type="checkbox"/> Bending                 |
| <input type="checkbox"/> Prolonged sitting (max. duration _____)  | <input type="checkbox"/> Operate heavy equipment |
| <input type="checkbox"/> Repetition (hand/arm)                    | <input type="checkbox"/> Computer/Keyboarding    |
| <input type="checkbox"/> Walking farther/longer than _____        | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Operating vehicles (car, truck, etc.)    | <input type="checkbox"/> Other _____             |
| <input type="checkbox"/> Climbing Stairs                          |  |

Recommendations to accommodate this individual/condition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Professional's Name \_\_\_\_\_ Phone No. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Medical Professional's Signature \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year

Thank you for the time and consideration you have given to the City of Prince Albert and this worker.

Please fax the completed form to the fax number indicated below:

Human Resources

Phone: 306-953-4310  
Fax: 306-953-4396