

COUNTY OF LOS ANGELES TEMPORARY RETURN-TO-WORK AGREEMENT

Select One:

- IA
- Non-IA

Select one:

WORK HARDENING TRANSITIONAL
ASSIGNMENT AGREEMENT (WHTAA)

Required for:

- Temporary Work Restrictions for Industrial and Non-Industrial Injury/Illness.
- Employee who has not yet reached P&S/MMI status.
- Occupational Health Programs (OHP) Work Restrictions.

CONDITIONAL ASSIGNMENT AGREEMENT
(CAA) Required for:

- Permanent Work Restrictions for Industrial and Non-Industrial Injury/Illness.
- Employee who has reached P&S/MMI status and cannot perform the Usual and Customary (U&C) job duties.
- Employees pending Permanent Placement.
- Occupational Health Programs (OHP) Work Restrictions.

The Department must conduct an Interactive Process Meeting (IPM) with the employee to discuss this agreement. IPM date: _____

Employee name: _____ Employee No: _____

Employee payroll title: _____

Claim No.: _____ Date of injury/illness: _____

Pay location: _____ Work location: A _____

Supervisor name and phone number: _____
.....

_____ ~~As~~ has released you to return to work with the following work restrictions:

In an effort to assist you in returning to work, we have identified a WHTAA or CAA compatible with your limitations or work restrictions. The purpose of this temporary assignment is to prevent further injury or aggravation of your present condition. By signing this agreement, you agree that you will follow the instructions of your treating physician regarding your work restrictions and immediately notify your supervisor if any duties conflict with these restrictions.

The total length of your WHTAA or CAA may last up to 12 weeks, starting on the date listed below; however, it may be extended if necessary. At or before the end of this agreement, the Department will conduct an IPM with you to determine the need for further accommodation.

_____ to _____
Assignment Start Date Assignment End Date

NOTE TO EMPLOYEE AND SUPERVISOR: The Department has the right and responsibility to explore other accommodation(s) should this accommodation prove ineffective by either the Department or the employee.

NOTE TO SUPERVISOR/RETURN-TO-WORK COORDINATOR: Review with employee the work restrictions and conditions of this agreement before signing. Complete, sign, and return the original document to your Department's Return-To-Work Coordinator or designee, and provide a copy to the employee.

Employee Initials: _____
Supervisor Initials: _____
RTW Coordinator Initials: _____

(Department Name)

COUNTY OF LOS ANGELES TEMPORARY RETURN-TO-WORK AGREEMENT

<input type="checkbox"/> IA
<input type="checkbox"/> Non-IA
<input type="checkbox"/> WHTAA
<input type="checkbox"/> CAA

Employee Name: _____ Employee No.: _____

CONDITIONS OF TEMPORARY ASSIGNMENT

Job title (if different from employee's payroll title): _____

Pay location: _____ Work location: _____

Supervisor name and phone number (if different from information on Page 1): _____

WORK SCHEDULE

Use the space or boxes below to specify the employee's schedule. Example: "Tuesday through Thursday 6 a.m. to 1 p.m."

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Example:	Off	Off	6:00 a.m. – 1 p.m.	6:00 a.m. – 1 p.m.	6:00 a.m. – 1 p.m.	Off	Off

LIST OF DUTIES

(Indicate below or attach separate list)

Employee Signature	Print Name	Date
Supervisor Signature	Print Name	Date
RTW Coordinator Signature	Print Name	Date

cc: Employee
Supervisor
Return-to-Work Unit
Third Party Administrator