

TO: COUNTY COUNSEL

**CONFIDENTIAL
ATTORNEY-CLIENT PRIVILEGE**

**FAIR EMPLOYMENT HOUSING ACT/AMERICANS WITH DISABILITIES AMENDMENT ACT
RETURN-TO-WORK ASSESSMENT TOOL
RETURN-TO-WORK FILE EVALUATION
PHASE II**

DEPARTMENT NAME: _____

DATE: _____

EMPLOYEE NAME: _____

EMPLOYEE #: _____

EVALUATOR NAME: _____

	COMMUNICATION	YES	NO	N/A	COMMENTS/RECOMMENDATIONS
1	Does the return-to-work (RTW) file reflect communication was made with the employee within the first week from the date of injury/illness and the employee was provided the return-to-work packet?				
2	Does the return-to-work file reflect (at approximately the 30 th day of disability) contact was made with the employee?				
3	Does the return-to-work file reflect (at approximately the 30 th day of disability) work restriction status was gathered from appropriate sources (physician, nurse case manager, workers' compensation third party administrator, etc.)?				
4	If a work restriction was provided, was a light duty transitional assignment explored?				

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5	Does the return-to-work file reflect (at approximately the 70 th day of disability) steps were taken to prepare for the interactive process meeting? Those steps include verifying the status of employee's disability status (P&S, TD, TPD, work restrictions, etc.), medical certification, employee's skills inventory, available work options, and communicating with the employee to determine reasonable accommodation needs.				
6	Does the return-to-work file reflect (at approximately the 84 th day of disability) a good faith interactive process meeting has taken place or been scheduled?				
7	Does the return-to-work file reflect (at approximately the 180 th day of disability) continued contact with the employee and supervisor to address obstacles preventing the employee from returning to work?				
8	Does the return-to-work file reflect ongoing communication, intended to explore reasonable accommodations, is maintained with the employee and a long term action plan is developed?				
9	This reviewed return-to-work file relates to an employee having been on disability leave since _____ (date).				
10	This reviewed return-to-work file reflects the department documented _____ communications (or attempted communications) with the employee.				

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	DOCUMENTATION	YES	NO	N/A	COMMENTS/RECOMMENDATIONS
1	Does the return-to-work file contain documentation demonstrating the Department's attempt to obtain useful temporary work restrictions?				
2	Does the return-to-work file contain documentation such as letters, memos, etc. to the employee requesting the exploration of a transitional work assignment?				
3	Does the return-to-work file contain documentation demonstrating the department's attempt to obtain useful permanent work restrictions?				
4	Does the return-to-work file contain documentation demonstrating the department's attempt to explore reasonable accommodations?				
5	Does the return-to-work file contain documentation demonstrating the department's request to hold an interactive process meeting?				
6	Does the return-to-work file contain documentation of all interactive process meetings and their outcomes?				

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	TIMELINESS	YES	NO	N/A	COMMENTS/RECOMMENDATIONS
1	Does the return-to-work file reflect a timely attempt to find temporary modified or alternative work positions (transitional work assignment)?				
2	Does the return-to-work file reflect timely communication with the treating physician or workers' compensation third party administrator to establish meaningful work restrictions?				
3	Does the return-to-work file reflect reasonable accommodation issues are addressed in a timely manner?				
4	Does the return-to-work file reflect preparation for the interactive process meeting is timely?				
5	Does the return-to-work file reflect timely communication offering or scheduling an interactive process meeting?				
6	Does the return-to-work file demonstrate ongoing good faith efforts to address reasonable accommodations are ongoing and timely?				

WHAT TO LOOK FOR IN RETURN-TO-WORK FILES

- If Workers' Compensation cases, report of accident, DWC-1, 5020, job description, copies of all forms sent to TPA.
- File notes – re phone conversations with employee, supervisor, TPA adjuster, other TPAs such as Sedgwick (STD, LTD), counsel, supervisor, LACERA, etc. – anything that relates to what has occurred
- Medical certifications – from personal physicians or information directly from TPA
- Correspondence to and from the employee- letters, emails, etc.
- Weekly telephone call verification sheet (in a perfect world).
- Work Hardening Agreement if applicable
- Work restrictions – temporary or permanent
- Plan of Action
- Copy of TPA file review notes (if one was completed)