

**SAN BERNARDINO COUNTY  
PROBATION DEPARTMENT PROCEDURE**

**Temporary Modified Duty Process**

Inter-Bureau Procedure #03-12-95 (combines IB#98-10-64 & IB#03-12-95)

**Authority:**

Jerry L. Harper, Chief Probation Officer

**Purpose:**

To provide employees who have suffered injuries/illnesses that temporarily limit their ability to perform normal job duties with modified duty assignments through the County's Modified Duty Program.

**Guidelines:**

- A. Modified Duty accommodations are temporary and should not normally exceed 180 calendar days.
- B. Participation in the Modified Duty Program is voluntary for employees who have suffered a non-occupational injury/illness; however, in order for an employee to be eligible to receive Short Term Disability (STD) benefits he/she must participate in the program.

**Definitions:**

**Occupational injury/illness –**

An injury/illness that is work related.

**Non-Occupational injury/illness –**

An injury/illness that is non-work related.

**Modified Duty Program –**

A mandatory, county-wide program designed to return employees with temporary physical or mental limitations to the workplace in temporary modified duty assignments they are medically able to perform until able to return to full duty.

**Modified Duty Assignment –**

A temporary work assignment under the Modified Duty Program that accommodates the employee's medical restrictions as determined by the employee's physician and the San Bernardino County Center of Employee Health and Wellness (The Center).

**Modified Duty Log –**

A log maintained in Probation Tools to allow for management to review and track employees with temporary restrictions.

**Permanent and Stationary –**

An employee's occupational injury/illness has reached a point of maximum medical improvement. The condition is well-stabilized and unlikely to change substantially in the next year, with or without medical treatment. Once Permanent and Stationary, a physician will determine if there is permanent disability.

## **Temporary Modified Duty Process**

Inter-Bureau Procedure #03-12-95

### **Reasonable Accommodation –**

Adapting the job site or job functions for a qualified person with a disability to enable an individual with a disability to enjoy equal employment opportunities. This does not mean that the employer must lower the standards of work for the position or change the job requirements.

### **Interactive Process Review –**

A meeting the Human Resource Officer (HRO) will schedule with the employee and the designated Modified Duty Coordinator to review the impact of the functional limitations on the job and to document the department's efforts for reasonable accommodation. The employee may bring an individual(s) and/or representative with him/her to the meeting. The interactive process will be conducted for both occupational and non-occupational injuries/illnesses.

### **Responsibilities:**

***Department Modified Duty Coordinators shall be designated as follows:***

#### **Detention Corrections Bureau (DCB)**

Shall be a Probation Corrections Supervisor II (PCSII) as designated by the facility Superintendent/Division Director II.

#### **Community Corrections Bureau (CCB)**

Shall be the area Division Director II.

#### **Administrative Services Bureau (ASB)**

Shall be the Administrative Manager or the Division Director II.

### **I. The following sequence must be strictly adhered to in order to be in compliance with the San Bernardino County Modified Duty Program.**

#### **A. Employee:**

1. Shall notify the department and provide a copy of the order for physical restrictions, with the anticipated duration of limitations and the physician's authorization to return to work with restrictions as follows:

##### **DCB –**

Immediately by phone and provide documentation within 24 hours to Watch Commander and/or Modified Duty Coordinator (as designated above).

##### **CCB –**

Immediately notify supervisor and/or Modified Duty Coordinator (as designated above) by phone and provide documentation by the next working day

## **Temporary Modified Duty Process**

Inter-Bureau Procedure #03-12-95

**ASB** – Immediately notify supervisor and/or Modified Duty Coordinator (as designated above) by phone and provide documentation by the next working day.

### **B. Modified Duty Coordinator (as designated above):**

1. Shall schedule (or assign a designee to schedule) the employee's appointment with The Center. The employee must be cleared by The Center before returning to work.

### **C. Employee:**

1. Shall take his/her physician's orders with restrictions to scheduled appointment with The Center.
2. Shall provide his/her Modified Duty Coordinator (as designated above), with The Center's Notice of Medical Evaluation confirming restrictions and estimated duration, immediately following his/her appointment at The Center.

### **D. Modified Duty Coordinator (as designated above):**

1. Shall determine whether the employee can be temporarily accommodated in his/her present assignment and work location.
2. If the employee can be temporarily accommodated in his/her present assignment and work location:
  - a. Provide the employee with the Temporary Modified Duty Assignment memo (see Attachment A) describing the 180-calendar day timeframe.
  - b. Consult with the employee to confirm mutual understanding of his/her restrictions.
  - c. Have the employee sign the memo and provide a copy to the employee.
  - d. Forward the completed memo to the respective Division manager as follows:
    - DCB – Superintendent /Division Director II
    - CCB & ASB – Retain copy for your records
  - e. Forward copies as follows in step 3.
3. Shall immediately forward the following to Probation Payroll – Extended Leave Desk, mail code 0460:
  - a. The Notice of Medical Evaluation form from The Center.
  - b. Treating Physician's Orders.
  - c. A completed Request for Extended Sick or Special Leave (RESSL) form (see Attachment B), only if there are job modification/restrictions indicating a reduced schedule.
  - d. Original Temporary Modified Duty Assignment memo.
4. Shall forward a copy of the completed Temporary Modified Duty assignment memo to employee's supervisor. Copy of memo shall be maintained in the employee's desk file.
5. Shall track the 180-calendar day timeframe.

## **Temporary Modified Duty Process**

Inter-Bureau Procedure #03-12-95

6. If the employee's physician at any point changes the employee's restrictions:
  - a. Call The Center to schedule an appointment for the employee to confirm the new restrictions with The Center.
  - b. If The Center confirms a change of restrictions, a new Temporary Modified Duty Assignment memo must be completed, however, the 180-calendar day timeframe does not start over.
  - c. Forward the completed memo to Probation Payroll once signatures have been obtained.
7. Do not request any medical information from the employee, with the exception of obtaining information that is directly related to restrictions.
8. Do not contact the employee's physician for clarification of work restrictions. If restrictions are unclear or the treating physician's orders need clarification, contact the Employee Health & Productivity Program (EHaP) for assistance.
9. Shall contact and consult with the respective Deputy Chief if it is determined employee cannot be temporarily accommodated in his/her present assignment and/or work location. If it is an occupational injury and it is determined that the employee cannot be temporarily accommodated within the department, the Deputy Chief shall then contact and consult with EHaP to determine if the employee can be temporarily accommodated within another County Department.

### **E. Employee:**

1. Shall keep his/her Modified Duty Coordinator (as designated above), informed of future medical appointments and submit subsequent physician's orders to his/her Modified Duty Coordinator (as designated above). An employee having difficulty in obtaining a medical appointment may contact EHaP for assistance. Employees have a responsibility to keep the Appointing Authority or his/her designee (Modified Duty Coordinator) informed of medical appointments or any changes in the physician's orders.

### **F. Payroll Specialist:**

1. Shall update the employee's restrictions in the Modified Duty Log, upon receiving original Temporary Modified Duty Assignment memo, copy of employee's physician's orders, and The Center's Notice of Medical Evaluation from the Modified Duty Coordinator (as designated above), following each new and/or revised employee's physician's order and physician's orders from The Center.
2. Shall maintain and update the employee's Modified Duty/Medical File.

## **Temporary Modified Duty Process**

Inter-Bureau Procedure #03-12-95

3. Shall keep EHAP informed of the employee's status by faxing a copy of the Temporary Modified Duty Assignment memo and employee's physician orders.
4. Shall inform Risk Management (RM) via telephone and email, when an employee has ended his/her Modified Duty, which was a result of an occupational injury/illness.
5. Shall schedule a meeting each quarter for updates with Payroll, EHAP, HRO, the Probation Administrative Manager and a designated Division Director II. The Probation Administrative Manager shall ensure a Division Director II is designated to attend each quarterly meeting.

### **II. The responsibilities shown above shall be followed until one of the following outcomes occur:**

#### **A. Occupational Injury/Illness**

1. The employee's physician and The Center return the employee to regular duty with no restrictions.
2. The restrictions become Permanent and Stationary, at which time, the Modified Duty Coordinator (as designated above), shall inform the HRO via telephone as soon as possible, but no longer than two (2) work days. The HRO shall schedule an Interactive Process Review with the employee to discuss reasonable accommodation.
3. The employee exceeds the 180-calendar day timeframe, the Modified Duty Coordinator (as designed above)/Superintendent shall inform the HRO.

#### **B. Non-Occupational Injury/Illness**

1. If the employee chooses not to participate in the Modified Duty Program, monitor status until employee is returned to regular duty.
2. If the area Modified Duty Coordinator (as designated above) is unable to temporarily accommodate the employee's restrictions, he/she should discuss with other Modified Duty Coordinators (as designated above) for placement in another position within the department.
3. If the department is unable to temporarily accommodate the employee's restrictions, the Modified Duty Coordinator (as designated above), shall then notify EHAP to discuss options.
4. If the employee exceeds the 180-calendar day timeframe, the Modified Duty Coordinator (as designed above)/Superintendent shall contact HRO to discuss options.
5. If the restrictions become permanent, the Modified Duty Coordinator (as designated above) shall inform the HRO via telephone as soon as possible, but no longer than two (2) work days. The HRO will schedule an Interactive Process Review with employee to discuss reasonable accommodation.

## **Temporary Modified Duty Process**

Inter-Bureau Procedure #03-12-95

### **Inspections:**

#### **Internal:**

The Payroll Supervisor shall inspect the Modified Duty Log and Medical/Modified Duty Files no less than once per month to ensure the department is in compliance with the San Bernardino County Modified Duty Program and document said inspections in the Payroll Inspection Binder.

Each Division Director II shall review the Modified Duty Log no less than once per month to ensure the accuracy of his/her respective bureau(s) and document said inspections in the Division Director Inspection Binder for Temporary Modified Duty Process.

The Administrative Manager shall review the Modified Duty Log no less than once per quarter and document said inspections in the Payroll Inspection Binder.

#### **External:**

The Professional Standards Unit shall conduct an inspection regarding various aspects of this procedure at least one time per fiscal year, or on an "as needed" basis as determined by the Chief Probation Officer. Following each inspection, the Professional Standards Division Director II shall ensure a written Inspection Report is submitted to the Chief Probation Officer.

### **Foundation:**

Americans with Disabilities Act (ADA)  
Fair Employment and Housing Act (FEHA)

### **References:**

San Bernardino County

# 06-02 Modified Duty Program

# 06-01 Non – Discrimination/Harassment Policy

County of San Bernardino & San Bernardino Public Employees Association (SPBEA)  
Memorandum of Understanding

County of San Bernardino & San Bernardino County Safety Employees' Benefit  
Association (SEBA) Memorandum of Understanding

County of San Bernardino & California Nurses Association (CNA) Memorandum of  
Understanding

County of San Bernardino Risk Management Workers' Compensation Program

**Temporary Modified Duty Process**

Inter-Bureau Procedure #03-12-95

County of San Bernardino Short Term Disability Plan

County of San Bernardino Reasonable Accommodation Policy

Inter-Bureau Procedure

#03-10-94 Modified Duty Placement Process – Permanent and Stationary Restrictions

Detention Corrections Bureau

1328.2 Occupational Injury

Issued by:

\_\_\_\_\_  
Jerry L. Harper, Chief Probation Officer

Original date: December 23, 2003

Revised: July 11, 2006

Combines: Inter-Bureau Procedures #98-10-64 and #03-12-95

**Attachments:**

A – Temporary Modified Duty Assignment Memo

B – Request for Extended Sick or Special Leave

# INTEROFFICE MEMO



County of San Bernardino

DATE

PHONE:

FROM

TO

## SUBJECT    TEMPORARY MODIFIED DUTY ASSIGNMENT

Due to your temporary medical restrictions that have been provided to the County, you are temporarily restricted in the performance of your essential job functions. As of \_\_\_\_\_, your doctor has indicated that you must work with the following restrictions:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

In order to accommodate these restrictions, you may be temporarily assigned tasks that are outside your regular job classification (regular schedule/tour of duty) and temporarily exempted from performing the essential functions of your position. The department is accommodating your restrictions as follows:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

You will continue to receive your base rate of pay for hours worked and retain your benefits while working in this temporary assignment. You are not to exceed or work outside of your medical restrictions. You are the best person to recognize your limitations; please notify your supervisor immediately if you experience any problems.

These temporary restrictions will remain in effect until your next appointment on \_\_\_\_\_. It is your responsibility to provide an update of your medical status at that time. Should your work restrictions exceed a 180- calendar day period or become permanent, you may be removed from the modified duty program. Should you be removed from the modified duty program, you may be scheduled for an Interactive Process Review.

The purpose of assigning you to this modified duty assignment is to utilize your skills and knowledge while you are temporarily unable to perform your essential job functions due to of an injury or illness. Modified Duty assignments are temporary and should not be considered as a permanent placement, nor are they an indication of the availability of permanent accommodation.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor (CCB & ASB) Watch Commander (DCB)

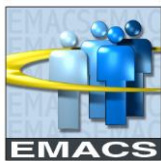
\_\_\_\_\_  
Date

\_\_\_\_\_  
Superintendent/Director II/Administrative Manager

\_\_\_\_\_  
Date

Distribution  
Original - Probation Payroll  
1<sup>st</sup> copy – Employee's Supervisor  
2<sup>nd</sup> copy – Employee  
Revised 07/06





County of San Bernardino  
**REQUEST FOR EXTENDED SICK  
 AND SPECIAL LEAVE (RESSL)**

Must print in Black or Blue ink ONLY

STD  Check box if applying for STD

<b>Employee ID</b>	<b>Rcd No.</b>	<b>Last Name, First Name</b>
--------------------	----------------	------------------------------

*To Be Completed By Employee (Supervisor may complete in employee's absence)*

<b>Home Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Mailing Address (if different than Home)</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Telephone Numbers:</b>	<b>Home</b> ( ) ( )	<b>Work</b> ( ) ( )	<b>Job Code Title</b>	
<b>Department</b>		<b>Department ID</b>	<b>Work Location</b>	
<b>Type of Request</b>	<b>Reason for Leave</b>			
<input type="checkbox"/> New	<input type="checkbox"/> Own serious health condition, including occupational injury/illness <sup>1</sup> <input type="checkbox"/> Indicate due date if pregnant <sup>1</sup> : _____ <input type="checkbox"/> Care for child/spouse/domestic partner/parent for a serious health condition <sup>1</sup> <input type="checkbox"/> Birth, placement or adoption of a child <sup>1</sup> - <i>If child's other parent is a county employee, indicate name and employee ID</i> _____ <input type="checkbox"/> Care for other family member for a serious health condition <input type="checkbox"/> Military leave, educational leave, or other leave not specified above			
<input type="checkbox"/> Continuation				
<input type="checkbox"/> Revision				

<sup>1</sup> See reverse side regarding your FMLA rights for this leave.

*To Be Completed By Supervisor*

Leave Type	Date From	Date To	No. Hrs.	Check If Applicable
Sick Leave With/Without Pay				<input type="checkbox"/> Reduced Schedule <input type="checkbox"/> Intermittent Leave
Leave With/Without Pay				<input type="checkbox"/> Reduced Schedule <input type="checkbox"/> Intermittent Leave
Leave Without Right To Return To Position <sup>3</sup>				
Military Leave (attach active duty orders)				
Occupational Injury/Illness ( Pending Risk Management's approval and requires )				<input type="checkbox"/> Reduced Schedule <input type="checkbox"/> Intermittent Leave
Other – Explain: _____				<input type="checkbox"/> Reduced Schedule <input type="checkbox"/> Intermittent Leave

*Signature*

*Date*

Employee <sup>2</sup>		
Supervisor/Title		
Appointing Authority or Designee		
Human Resources Officer <sup>3</sup>		

<sup>2</sup> If employee unable to sign, write SNA and indicate date copy sent to employee's mailing address

<sup>3</sup> Required for Leave With/Without Right to Return, Medical Leave of Absence, educational leave

**DISTRIBUTION: Original-EBSD-Hospitality**  
 1<sup>st</sup> Copy - Department  
 2<sup>nd</sup> Copy - Supervisor  
 3<sup>rd</sup> Copy - Employee

*Office Use Only*

Approved		Approved Pending Cert	
<b>Reviewed By</b> (Employee ID)	<b>Date</b>	<b>Keyed By</b> (Employee ID)	<b>Date</b>

## PRELIMINARY FMLA DESIGNATION NOTIFICATION

This is to inform you that your extended and/or intermittent leave will be preliminarily designated as FMLA (Family Medical Leave Act) and/or CFRA (California Family Rights Act) Leave in accordance with federal and state laws. These laws are there to protect your job and employer paid benefits while you are out on a qualified leave of absence.

As indicated on this *Request for Extended Sick and Special Leave* form, you are requesting an extended leave for your own serious health condition, the serious health condition of your child, spouse, domestic partner, or parent, or for the birth or adoption of a child. Leave for any of these reasons qualifies as FMLA and/or CFRA Leave.

A "serious health condition" for a family member requires either:

- ◆ Hospitalization; or
- ◆ Any period of incapacity of more than three calendar days that involves continuing treatment by a health care provider; or
- ◆ Any health condition that if left untreated would result in a period of incapacity of at least three days (including chronic conditions); or
- ◆ For prenatal care.

The definition of a "serious health condition" is the same for an employee with the addition that it must prevent the employee from performing the functions of his/her position.

If the reason for your leave meets the above criteria **and** you meet the eligibility requirements, your leave will be counted as FMLA and/or CFRA. ***This does not impact how or if you are paid during your leave. You are still required to complete the necessary paperwork to receive sick pay and/or disability, if eligible.*** A formal notification will be sent to you indicating the dates covered, what entitlement your leave counts against, your eligibility, and if there is any additional information required.

If you have not already done so, please have your health care provider complete the *Health Care Provider Certification* form and return it to your payroll clerk within **15 days**. If this information is not received within 15 days, your leave may be denied.

For more information, please refer to the *FMLA and Pregnancy Supplemental Brochures*. If you have any further questions, call your departmental payroll clerk.